

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------------------|----------------|----------------|----------------|-------------------|-------------|-----------------------------------|------|--------------------------------------|----|----|---------|----|---|----|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 26 | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mrs. Edelmira Z. NICKNAME LAST SUFFIX "Ede" Subia | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <p>Date Received</p> <p style="font-size: 24px; font-weight: bold;">DEC 02 2022</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width: 50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small> | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 905 Gehrig Avenue Midland Texas 79706 | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (432) 352-1253 | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Armando NICKNAME LAST SUFFIX Subia | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4018 Monty Drive Midland Texas 79703 | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (432) 238-2267 | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width: 100%; text-align: center;"> <tr> <td>Month</td><td>Day</td><td>Year</td><td></td><td>Month</td><td>Day</td><td>Year</td> </tr> <tr> <td>10</td><td>30</td><td>22</td><td>THROUGH</td><td>12</td><td>2</td><td>22</td> </tr> </table> | | | Month | Day | Year | | Month | Day | Year | 10 | 30 | 22 | THROUGH | 12 | 2 | 22 |
| Month | Day | Year | | Month | Day | Year | | | | | | | | | | | |
| 10 | 30 | 22 | THROUGH | 12 | 2 | 22 | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 8 / 22 | ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) N/A | 13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PCT.1 | | | | | | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small> | <p><small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | COMMITTEE TYPE | COMMITTEE NAME | GENERAL | COMMITTEE ADDRESS | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | | | | |
| GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | | | | |
| SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

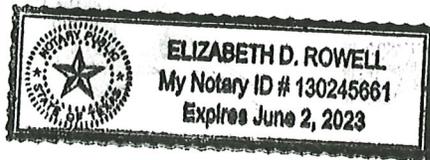
| | | |
|---|---|--|
| 15 C/OH NAME EDELMIRA Z. "EDE" SUBIA | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 9,083.26 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 9,071.56 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 11.70 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Edelmira Zamora Subia
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Edelmira Zamora Subia this the 2nd day of December, 2022, to certify which, witness my hand and seal of office.

Elizabeth D. Rowell Elizabeth D. Rowell Administrative Assistant
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|--|---|
| 19 FILER NAME EDELMIRA Z. "EDE" SUBIA | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 4,875.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0.00 |
| 4. ■ SCHEDULE E: LOANS | | \$ 4,208.26 |
| 5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 9,071.56 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0.00 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0.00 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 0.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0.00 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3 |
| 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/21/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Rusty Bucket BBQ and Tavern LLC. 6 Contributor address; City; State; Zip Code 3113 W. Industrial Ave. Midland Texas 79701 | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/22/2022 | Full name of contributor out-of-state PAC (ID#: _____) Martin Murillo General Contractor Contributor address; City; State; Zip Code 1216 W. Montgomery Midland Texas 79701 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/08/2022 | Full name of contributor out-of-state PAC (ID#: _____) Arnulfo Zamora JR. Contributor address; City; State; Zip Code 400 S. Ave. S. Del Rio Texas 78840 | Amount of contribution (\$) 25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/26/2022 | Full name of contributor out-of-state PAC (ID#: _____) Shuler AM Contributor address; City; State; Zip Code PO. Box 136 Gardendale Texas 79758 | Amount of contribution (\$) 750.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1* 3 |
| 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/03/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) B. John McDaniel 6 Contributor address; City; State; Zip Code 4902 Stoneleigh Drive Midland Texas 79705 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/21/2022 | Full name of contributor out-of-state PAC (ID#: _____) Dwayne Frantz Contributor address; City; State; Zip Code 6707 Jamestown St. Midland Texas 79706 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/22/2022 | Full name of contributor out-of-state PAC (ID#: _____) Al Garcia Contributor address; City; State; Zip Code 805 Canyon Drive Midland Texas 79703 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/26/2022 | Full name of contributor out-of-state PAC (ID#: _____) Marisela Rodriguez Contributor address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3 |
| 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/29/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) Midland County Republican Woman 6 Contributor address; City; State; Zip Code P.O. Box 4024 Midland Texas 79704 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/14/2022 | Full name of contributor out-of-state PAC (ID#: _____) Reagon Hignojos Contributor address; City; State; Zip Code 516 N. Loop 250 W2523 Midland Texas 79703 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/20/2022 | Full name of contributor out-of-state PAC (ID#: _____) Moses Mselle Contributor address; City; State; Zip Code 907 Gehrig Ave Midland Texas 79706 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/21/2022 | Full name of contributor out-of-state PAC (ID#: _____) Cassie Gerety Contributor address; City; State; Zip Code 6404 Homestead Midland Texas 79707 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

LOANS

SCHEDULE E

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 5 |
| 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 4,208.26 |
| 5 Date of loan 11/08/2021 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | 9 Loan Amount (\$) 400.00 |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |

| | | |
|--|--|--|
| Date of loan 11/15/2021 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | Loan Amount (\$) 150.00 |
| Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 5 |
| 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 12/03/2021 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | 9 Loan Amount (\$) 150.00 |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 12/22/2021 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | Loan Amount (\$) 25.00 |
| Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input checked="" type="checkbox"/> none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 5 |
| 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 01/13/2022 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | 9 Loan Amount (\$) 480.00 |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 07/27/2022 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | Loan Amount (\$) 600.00 |
| Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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LOANS

SCHEDULE E

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 5 |
| 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 07/29/2022 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | 9 Loan Amount (\$) 500.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 08/05/2022 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | Loan Amount (\$) 1,403.26 |
| Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 5 |
| 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 08/16/2022 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelmira Z. "Ede" Subia | 9 Loan Amount (\$) 500.00 |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 905 Gehrig Ave. Midland Texas 79706 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 15 | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|-----------------------------|--|
| 4 Date 11/15/2021 | 5 Payee name Midland County Republican Party |
|-----------------------------|--|

| | |
|---------------------------------------|---|
| 6 Amount (\$) 375.00 | 7 Payee address; City; State; Zip Code 407 E. Illinois Ave. Midland Texas 79701 |
|---------------------------------------|---|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other-Filing fee | (b) Description fee to be placed on ballot as party |
| | (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 | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 11/15/2021 | Payee name My community Credit Union |
|--------------------|---|

| | |
|----------------------------|---|
| Amount (\$) 3.00 | Payee address; City; State; Zip Code 600 W. Louisiana Ave. Midland Texas 79701 |
|----------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description cashiers check for fee |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 11/16/2021 | Payee name My Community Credit Union |
|--------------------|---|

| | |
|-----------------------------|---|
| Amount (\$) 23.15 | Payee address; City; State; Zip Code 600 W. Louisiana Ave. Midland Texas 79701 |
|-----------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description checks ordered |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME Edelmira Z. "Ede" Subia | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12/22/2021 | | 5 Payee name Anedot | | | |
| 6 Amount (\$) 1.30 | | 7 Payee address; City; State; Zip Code 1920 Mckinney Ave. Dallas Texas 75201 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description mobile card processing fee for donations | | |
| | (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 | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12/22/2021 | | Payee name Anedot | | | |
| Amount (\$) 8.30 | | Payee address; City; State; Zip Code 1920 Mckinney Ave. Dallas Texas 75201 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description mobile card processing fee for donations | | |
| | 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/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 12/31/2021 | | Payee name Print Place | | | |
| Amount (\$) 125.60 | | Payee address; City; State; Zip Code 1130 Ave H. East Arlington Texas 76011 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description 4 18"x24" car magnets | | |
| | 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/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/06/2022 | 5 Payee name Print Place | |
| 6 Amount (\$) 154.95 | 7 Payee address; City; State; Zip Code 1130 Ave. H. East Arlington Texas 76011 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description 4"x 9" 1000 rack cards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/07/2022 | Payee name Cutting Edge | |
| Amount (\$) 139.39 | Payee address; City; State; Zip Code 5107 Wayland Drive Suite #3 Odessa Texas 79762 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertsing Expense | Description 125 pens |
| | <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 01/08/2022 | Payee name Anedot | |
| Amount (\$) 1.30 | Payee address; City; State; Zip Code 1920 Mckinney Ave. Dallas Texas 75201 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description moble card processing |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/12/2022 | 5 Payee name Cutting Edge | |
| 6 Amount (\$) 149.39 | 7 Payee address; 5107 Wayland Drive Suite # 3 Odessa Texas 79762 <div style="text-align: right; font-size: small;">City; State; Zip Code</div> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description 2 1/4" Round button pin 100qty |
| | (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 | Candidate / Officeholder name | Office sought Office held |
| Date 01/12/2022 | Payee name Cutting Edge | |
| Amount (\$) 92.01 | Payee address; 5107 Wayland Drive Suite # 3 Odessa Texas 79762 <div style="text-align: right; font-size: small;">City; State; Zip Code</div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Push Cards 4"x 6" |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/12/2022 | Payee name Cutting Edge | |
| Amount (\$) 128.57 | Payee address; 5107 Wayland Drive Suite #3 Odessa Texas 79762 <div style="text-align: right; font-size: small;">City; State; Zip Code</div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Pens |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--|--|

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|-----------------------------|------------------------------------|
| 4 Date 01/12/2022 | 5 Payee name Print Place |
|-----------------------------|------------------------------------|

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|--------------------------------------|---|
| 6 Amount (\$) 73.93 | 7 Payee address; 1130 Ave H. East Arlington Texas 76011 |
|--------------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Square Labels 100 |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

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|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 01/22/2022 | Payee name National Pen Company |
|--------------------|------------------------------------|

| | |
|------------------------------|---|
| Amount (\$) 142.84 | Payee address; 12121 Scripps Summit Drive San Diego CA 92131 |
|------------------------------|---|

| | | |
|-------------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Small Calenders |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

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|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 01/22/2022 | Payee name Fast Signs |
|--------------------|--------------------------|

| | |
|------------------------------|---|
| Amount (\$) 190.52 | Payee address; 4410 N. Midkiff C-9 Midland Texas 79705 |
|------------------------------|---|

| | | |
|-------------------------------|---|---------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Large Full Color Signs |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--|--|

| | |
|-----------------------------|-------------------------------------|
| 4 Date 02/07/2022 | 5 Payee name Cutting Edge |
|-----------------------------|-------------------------------------|

| | |
|--------------------------------|--|
| 6 Amount (\$) 911.30 | 7 Payee address; City; State; Zip Code 5107 Wayland Drive Suite 3 Odessa Texas 79762 |
|--------------------------------|--|

| | | |
|------------------------------------|---|--------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description signs, pens |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 07/03/2022 | Payee name Print Place |
|--------------------|---------------------------|

| | |
|-----------------------|---|
| Amount (\$) 162.72 | Payee address; City; State; Zip Code 1130 Ave. H. East Arlington Texas 76011 |
|-----------------------|---|

| | | |
|-------------------------------|---|-----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Labels |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 07/16/2022 | Payee name Amazon |
|--------------------|----------------------|

| | |
|-----------------------|---|
| Amount (\$) 124.52 | Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA. 98109 United States |
|-----------------------|---|

| | | |
|-------------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Pencils, Ribbon |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

| | |
|----------------------|-----------------------------|
| 4 Date 07/25/2022 | 5 Payee name Print Place |
|----------------------|-----------------------------|

| | | | | |
|-------------------------|---|-------|--------|----------|
| 6 Amount (\$) 357.48 | 7 Payee address; 1130 Ave. H. East Arlington Texas 76011 | City; | State; | Zip Code |
|-------------------------|---|-------|--------|----------|

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|---------------------------------|---|---------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Door Hangers |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 07/31/2022 | Payee name Signature Fast Signs |
|--------------------|------------------------------------|

| | | | | |
|-------------------------|--|-------|--------|----------|
| Amount (\$) 1,006.73 | Payee address; 4410 N. Midkiff Rd Suite C-9 Midland Texas 79705 | City; | State; | Zip Code |
|-------------------------|--|-------|--------|----------|

| | | |
|------------------------|---|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Large Signs |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 08/03/2022 | Payee name Anedot |
|--------------------|----------------------|

| | | | | |
|---------------------|--|-------|--------|----------|
| Amount (\$) 4.30 | Payee address; 1920 McKinneyAve. Dallas Texas 75201 | City; | State; | Zip Code |
|---------------------|--|-------|--------|----------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description mobile card processing fee for donations |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/10/2022 | 5 Payee name Print Place | |
| 6 Amount (\$) 150.11 | 7 Payee address; City; State; Zip Code 1130 Ave. H. East Arlington Texas 76011 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (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 | Candidate / Officeholder name | Office sought Office held |
| Date 08/11/2022 | Payee name Print Place | |
| Amount (\$) 539.53 | Payee address; City; State; Zip Code 1130 Ave. H. East Arlington Texas 76011 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Notepads |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |
| Date 08/26/2022 | Payee name Cutting Edge | |
| Amount (\$) 709.32 | Payee address; City; State; Zip Code 5107 Wayland Dr. Suite 3 Odessa, Texas | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Yard Signs |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

| | |
|----------------------|------------------------------|
| 4 Date 08/26/2022 | 5 Payee name Cutting Edge |
|----------------------|------------------------------|

| | |
|-------------------------|--|
| 6 Amount (\$) 170.27 | 7 Payee address; City; State; Zip Code 5107 Wayland Dr. Suite 3 Odessa, Texas |
|-------------------------|--|

| | | |
|------------------------------------|---|-------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Pens |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 08/27/2022 | Payee name Print Place |
|--------------------|---------------------------|

| | |
|----------------------|---|
| Amount (\$) 86.72 | Payee address; City; State; Zip Code 1130 Ave. H. East Arlington Texas 76011 |
|----------------------|---|

| | | |
|------------------------|---|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Car Magnets |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 09/17/2022 | Payee name Anedot |
|--------------------|----------------------|

| | |
|---------------------|---|
| Amount (\$) 8.30 | Payee address; City; State; Zip Code 920 McKinneyAve. Dallas Texas 75201 |
|---------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description mobile card processing fee for donations |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/22/2022 | 5 Payee name Anedot | |
| 6 Amount (\$) 20.30 | 7 Payee address; City; State; Zip Code 920 McKinneyAve. Dallas Texas 75201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description mobile card processing fee for donations |
| | (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 | Candidate / Officeholder name | Office sought Office held |
| Date 09/21/2022 | Payee name Anedot | |
| Amount (\$) 8.30 | Payee address; City; State; Zip Code 920 McKinneyAve. Dallas Texas 75201 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description mobile card processing fee for donations8.30 |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |
| Date 09/26/2022 | Payee name Amazon | |
| Amount (\$) 75.70 | Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA. 98109 United States | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Yarbrough Hispanic Heritage |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/30/2022 | 5 Payee name The Village at Manor Park | |
| 6 Amount (\$) 50.00 | 7 Payee address; City; State; Zip Code 5212 Sinclair Ave. Midland Texas 79707 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Rental |
| | (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 | Candidate / Officeholder name | Office sought Office held |
| Date 10/05/2022 | Payee name Facebook | |
| Amount (\$) 43.25 | Payee address; City; State; Zip Code 1 Hackerway Menlo Park, CA. 94025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description advertising combined fees |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/14/2022 | Payee name Amazon | |
| Amount (\$) 539.90 | Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 United States | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Party Decor/Meet and Greet |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/14/2022 | 5 Payee name Anedot | |
| 6 Amount (\$) 8.30 | 7 Payee address; City; State; Zip Code 920 McKinney Ave. Dallas Texas 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Mobile Card Processing fee for donations |
| | (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 | Candidate / Officeholder name | Office sought Office held |
| Date 10/16/2022 | Payee name Sams Club | |
| Amount (\$) 62.88 | Payee address; City; State; Zip Code 1500 Tradewinds Blvd. Midland Texas | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Meet and Greet Expense |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/17/2022 | Payee name Heb | |
| Amount (\$) 55.73 | Payee address; City; State; Zip Code 5407 Andrews Hwy Midland Texas 79706 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Exent Expense | Description Meet and Greet Expense |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/17/2022 | 5 Payee name Amazon | |
| 6 Amount (\$) 193.95 | 7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 United States | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Meet and Greet/ Party |
| | (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 | Candidate / Officeholder name | Office sought Office held |
| Date 10/20/2022 | Payee name Anedot | |
| Amount (\$) 8.30 | Payee address; City; State; Zip Code 920 McKinneyAve. Dallas Texas 75201 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Mobile Card processing fee for donations |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/21/2022 | Payee name Freeman Digital | |
| Amount (\$) 400.00 | Payee address; City; State; Zip Code 3109 Garden City Hwy Midland Texas | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Billboard |
| | 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/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/27/2022 | 5 Payee name Amazon | |
| 6 Amount (\$) 16.23 | 7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 United States | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Party |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

| | | |
|--|---|---|
| Date 10/26/2022 | Payee name Facebook | |
| Amount (\$) 25.00 | Payee address; City; State; Zip Code 1 Hackerway Menlo Park, CA. 94025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Advertising |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

| | | |
|--|---|---|
| Date 10/27/2022 | Payee name Printplace | |
| Amount (\$) 79.86 | Payee address; City; State; Zip Code 1130 Ave. H. East Arlington Texas 76011 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Board |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 15 | 2 FILER NAME Edelmira Z. "Ede" Subia | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|-----------------------------|-------------------------------|
| 4 Date 11/01/2022 | 5 Payee name Amazon |
|-----------------------------|-------------------------------|

| | | | | |
|-------------------------------|---|-------|--------|----------|
| 6 Amount (\$) 47.62 | 7 Payee address; 410 Terry Avenue North Seattle, WA 98109 United States | City; | State; | Zip Code |
|-------------------------------|---|-------|--------|----------|

| | | |
|---|--|---------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Party |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 11/09/2022 | Payee name Double Tree Hilton |
|--------------------|----------------------------------|

| | | | | |
|-----------------------|---|-------|--------|----------|
| Amount (\$) 495.69 | Payee address; 117 W. Wall Midland Texas 79701 | City; | State; | Zip Code |
|-----------------------|---|-------|--------|----------|

| | | |
|-------------------------------|---|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expenses | Description Watch Party |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 11/17/2022 | Payee name Louisa Stewart |
|--------------------|------------------------------|

| | | | | |
|-------------------------|--|-------|--------|----------|
| Amount (\$) 1,100.00 | Payee address; 3628 N. Adams Odessa Texas 79762 | City; | State; | Zip Code |
|-------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expenses | Description Meet and Greet/Watch party |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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