



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

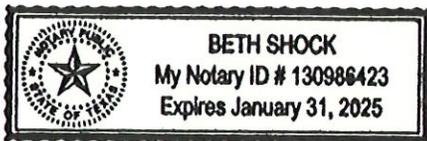
16 C/OH NAME <b>Steven Villela</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 770.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,070
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 414.41
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,081.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,858.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*Steven Villela*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Steven Villela this the 11 day of July, 2024, to certify which, witness my hand and seal of office.  
Beth Shock Beth Shock Notary  
 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,070
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,081.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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: <span style="font-size: 1.5em; color: blue;">1-3</span>
2 FILER NAME <p style="text-align: center;"><b>Steven Villela</b></p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">1/5/24</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><b>Ethan Wood</b></p> <hr style="border-top: 1px dotted black;"/> 6 Contributor address;                      City;                      State;      Zip Code <p style="text-align: center;">13591 FM 1484 RD                      Conroe                      TX                      77303</p>	7 Amount of contribution (\$)  <p style="text-align: center;">\$200</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">1/8/24</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><b>Karen Hood</b></p> <hr style="border-top: 1px dotted black;"/> Contributor address;                      City;                      State;      Zip Code <p style="text-align: center;">2900 Ann Drive                      Midland                      TX                      79705</p>	Amount of contribution (\$)  <p style="text-align: center;">\$250</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">1/27/24</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><b>Chas Perry</b></p> <hr style="border-top: 1px dotted black;"/> Contributor address;                      City;                      State;      Zip Code <p style="text-align: center;">P.O. Box 11232                      Midland                      TX                      79702</p>	Amount of contribution (\$)  <p style="text-align: center;">\$750</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">1/27/24</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><b>Dale Brown</b></p> <hr style="border-top: 1px dotted black;"/> Contributor address;                      City;                      State;      Zip Code <p style="text-align: center;">P.O. Box 5562                      Midland                      TX                      79704</p>	Amount of contribution (\$)  <p style="text-align: center;">\$200</p>
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.

# 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: <b>2-3</b>
2 FILER NAME <b>Steven Villela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cole &amp; Eleanor Harrison</b>	7 Amount of contribution (\$) <b>\$150</b>
	6 Contributor address; City; State; Zip Code <b>2821 Goddard Pl. Midland TX 79705</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary <del>Venilton</del> Covington</b>	Amount of contribution (\$) <b>\$1,000</b>
	Contributor address; City; State; Zip Code <b>P.O. Box 1311 Midland TX 79702</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>3/26/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike &amp; Judith Canon</b>	Amount of contribution (\$) <b>\$250</b>
	Contributor address; City; State; Zip Code <b>2101 W. Texas Midland TX 79701</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/3/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Restore Trust Texas</b>	Amount of contribution (\$) <b>\$1,000</b>
	Contributor address; City; State; Zip Code <b>421 Office Park Dr. Mountain Brook AL 35223</b>	
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.

# 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: <b>3-3</b>
2 FILER NAME  <b>Steven Villela</b>		3 Filer ID (Ethics Commission Filers)
4 Date  6/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keith and Sheryl Gay Stretcher</b> <hr/> 6 Contributor address; City; State; Zip Code 5000 Chapel Hill Dr. Midland TX 79705	7 Amount of contribution (\$)  \$500
8 Principal occupation / Job title (See Instructions)  Lawyer		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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.

<b>1</b> Total pages Schedule F1: <span style="font-size: 1.2em; color: blue;">1-5</span>	<b>2</b> FILER NAME Steven Villela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/3/24	<b>5</b> Payee name U.S. POSTAL SERVICE	
<b>6</b> Amount (\$) \$51.00	<b>7</b> Payee address; 100 E. WALL ST	City; State; Zip Code MIDLAND TX 79701
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description Postage Stamps
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/10/24	Payee name United States Postal Service	
Amount (\$) 183.00	Payee address; 100 E Wall St	City; State; Zip Code Midland TX 79701
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Postage Stamps
	<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 1/16/24	Payee name The Rocket Science Group, LLC	
Amount (\$) 79.95	Payee address; 675 Ponce De Leon Ave. NE Suite 100	City; State; Zip Code Atlanta GA 30308
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Email Services
	<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.

<b>1</b> Total pages Schedule F1: <span style="font-size: 1.2em; color: blue;">2-5</span>	<b>2</b> FILER NAME Steven Villela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/16/24	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$)  198.00	<b>7</b> Payee address; City; State; Zip Code  100 E Wall St Midland TX 79701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense	<b>(b)</b> Description  Postage Stamps
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/5/24	Payee name Cheap Sig	
Amount (\$)  198.00	Payee address; City; State; Zip Code  9200 Waterford Centre Blvd Suite 100 Austin TX 78758	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Yard Signs
	<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 2/15/24	Payee name The Rocket Science Group, LLC	
Amount (\$)  79.95	Payee address; City; State; Zip Code  675 Ponce De Leon Ave. NE Suite 100 Atlanta GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Email Services
	<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.

<b>1</b> Total pages Schedule F1: 3-5	<b>2</b> FILER NAME Steven Villela	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/23/24	<b>5</b> Payee name Facebook
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<b>6</b> Amount (\$) 5.87	<b>7</b> Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertisement Expense	<b>(b)</b> Description GOTV Early Voting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/24	Payee name Midland County Young Republicans
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Amount (\$) 500	Payee address; PO Box 3812	City; Midland	State; TX	Zip Code 79702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution/Donation made by Candidate	Description YR Donation
	<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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Date 3/15/24	Payee name The Rocket Science Group, LLC
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Amount (\$) 79.95	Payee address; 675 Ponce De Leon Ave. NE Suite 100	City; Atlanta	State; GA	Zip Code 30308
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Email Services
	<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.

<b>1</b> Total pages Schedule F1: 4-5	<b>2</b> FILER NAME Steven Villela	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/22/24	<b>5</b> Payee name Facebook
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<b>6</b> Amount (\$) 215.01	<b>7</b> Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertisement Expense	<b>(b)</b> Description GOTV Early Voting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/24	Payee name Stone Tower Grafix
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Amount (\$) \$66.00	Payee address; 7519 Andrews Hwy., Suite 2	City; Odessa	State; TX	Zip Code 79764
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shirts and Hats
	<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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Date 4/15/24	Payee name The Rocket Science Group, LLC
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Amount (\$) 79.95	Payee address; 675 Ponce De Leon Ave. NE Suite 100	City; Atlanta	State; GA	Zip Code 30308
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Email Services
	<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

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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.

<b>1</b> Total pages Schedule F1: 5-5	<b>2</b> FILER NAME Steven Villela	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 5/15/24	<b>5</b> Payee name The Rocket Science Group, LLC
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<b>6</b> Amount (\$) 79.95	<b>7</b> Payee address; 675 Ponce De Leon Ave. NE Suite 100	City; Atlanta	State; GA	Zip Code 30308
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Email Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/30/24	Payee name I-360 LLC
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Amount (\$) 79.95	Payee address; 2300 Clarendon Blvd Suite 800	City; Arlington	State; VA	Zip Code 22201
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Political Experience	Description Canvassing Software
	<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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Date 6/15/24	Payee name The Rocket Science Group, LLC
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Amount (\$) 79.95	Payee address; 675 Ponce De Leon Ave. NE Suite 100	City; Atlanta	State; GA	Zip Code 30308
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Email Services
	<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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