CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS /MR	JUSTIN	Č.	OFFICE USE ONLY
	NICKNAME	Wager	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		STATE; ZIP CODE	RECEIVED 123 OCT 2024 45 CITY SECRETARY'S OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date-Hand-delivered & Pater Postmarked
6 CAMPAIGN TREASURER NAME	MS / MR9 / MR	VUNNE/	MI	Date Processed
	May	ting-Stear	iens	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / SU NEM PIGNTA-		STATE: ZIP CODE
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(979)	450-5316		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year 21 /24	THROUGH	Day Year / 24 / 24
11 ELECTION	ELECTION DA			
	Month Day	Year Primary 24 X General	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if KNOWN BUYANCHY (OU	ncil Place & Atlara
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
CONNIT TEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	· · ·	-	
15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, C	POLITICAL CONTRIBUTIONS (OTHER TH) DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$ 125.00
	2. TOTAL POLITICAL ((OTHER THAN PLEDG	CONTRIBUTIONS SES, LOANS, OR GUARANTEES OF LOANS	\$ 125.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED I	POLITICAL EXPENDITURE	\$ 178.00
	4. TOTAL POLITICAL I	EXPENDITURES	\$ 178.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO OF REPORTING PERI	ONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY \$ 36.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS	OF THE \$
	wear, or affirm, under penalty of uired to be reported by me under 7		ue and correct and includes all information
			\sim
		Signature of C	Candidate or Officeholder
		Signature of C	andidate of Onicenoider
(1) Ifferances		complete either option belo	
011	before me by which, witness my hand and seal of the printed na	in Wager this the office. Nelisse Brunner arme of officer administering oath	a 28 day of October, Cide Secretory Title of officer administering oath
$\frac{1}{2} = \frac{1}{2}$		ÖR	
(2) Unsworn Declaratio	n		
My name is		, and my date of birth i	s
	(street)		,,
Evenued in		(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of (mon	th) , 20 (year)
		Signature of Cand	idate/Officeholder (Declarant)

SUE	TOTALS - C/OH		FORM C/OH SHEET PG 3
19 FILERN	AME Justin Wager	20 Filer ID (Ethics Co	ommission Filers)
21 SCHED	JLE SUBTOTALS F SCHEDULE		
1. 1.	SCHEDULEAN MONETARY POLITICAL CONTRIBUTIONS		\$* 125.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ ()
4.	SCHEDULE E: LOANS		\$ ()
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 89.0D
6. 1 4	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	- <i>2</i>	\$ ()
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ ()
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 80.00
19.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ ()
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	CIONS RETURNED	\$ O
5	ಜಿಲ್ಲೆ ಬೆಲ್ಲಿ 10 ಗೋಲ್ ಪ್ರಾರೇಶದ ಪ್ರಾರಂಭವಾಗಿದೆ. ಆಗರು,	1	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Forms provided by The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME	T		3 Filer ID (Ethics Commission Filers)
	Justin Wager		
4 Date		• PAC (ID#:)	7 Amount of contribution (\$)
	l out-or-state) FAC (ID#)	
10/22/24			\$40,00
101-1-1	6 Contributor address; City;	State; Zip Code	((0, 0 0
			n n n n n n n n n n n n n n n n n n n
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
			수요는 전철에 도망했다. 이 문제도 통
	-	19 - E	
Date		e PAC (ID#:)	Amount of contribution (\$)
10/4/24	MrgMrg. (Navarria		roin
10/9/27	Contributor address; City;	State; Zip Code	\$26.00
Dringingly			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	[
Date	Full name of contributor out-of-state	• PAC (ID#:)	Amount of contribution (\$)
12121	GENENA BALOOD TULLING		
10/25/24	CONEVA BALVON JUNNSO Contributor address; City;	V)	\$60.00
1	Contributor address; City;	State; Zip Code	4 00.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
· .	Contributor address; City;	State; Zip Code	
Dripoinal as			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)
i			
	ATTACH ADDITIONAL COPI		
	If contributor is out-of-state PAC, please see Ir	nstruction guide for additional	reporting requirements.

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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NDITURE CATEGORIES	FOR BOX 8(a)	e ^{n E} e o se e	
ge Expense Office Ov Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
Wager		3 Filer ID (Ethics C	Commission Filers)
ins on the C	NPAD		
Ŭ	City;	State;	Zip Code
ehollow Dr.	B220	AustinTX	78768
ies listed at the top of this schedule)	(b) Description		
g Exipences	Politica	l signs	
utside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	xpense
older name VAGEN BYG0	Office sought INCITY COMO		ffice held
			V
ner			
	City;	State;	Zip Code
Ave. South	College ST	ation TX.	77840
es listed at the top of this schedule)	Description		
ng Expenses	Politica	1 Flyers	>
utside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
older name VAUV Ba	Office sought MAN CHYCO		ffice held R. Q - AT IQV
	<u> </u>		
	City;	State;	Zip Code
is listed at the top of this schedule)	Description		
itside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
older name	Office sought		Office held
	bider name	older name Office sought	

	MONETARY (IN-KIND) POLITIC RIBUTIONS	AL		SCHEDULE A2
If the requ	uested information is not applicable, DO NOT includ	le this page	in the report.	
т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2:
2 FILER NAM	Justin Wager		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	rer (FOR NON-JUDICI	ide of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firr	m of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of Contribution \$	 In-kind contribution description
	Contributor address; City; State;	Zip Code		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI.	AL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>		
	an na na Arica An Calendar an Arica An			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

PLEDGED CONTRIBUTIONS

 $(c_1, \ldots, c_n) = (c_1, c_2, c_2, \ldots, c_n)$

SCHEDULE B

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

The	e Instruction Guide explain	is how to complete	e this fo	rm.	1 Total pages Sched	lule B:
2 FILER NAME	Justin Wag	lv			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLED	GES			\$ 0	
5 Date	6 Full name of pledgor	out-of-state PAC	(ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
de trati	7 Pledgor address;	City;		Zip Code		
					Check if travel outs	l. ide of Texas. Complete Schedule T
10 Principal occ	upation / Job title (See Instru	ctions)	11	Employer (See		
Date	Full name of pledgor	out-of-state PAC	(ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City;	State;			
					Check if travel outs	। . ide of Texas. Complete Schedule T
Principal occu	pation / Job title (See Instruc	tions)		Employer (See		
	pation / Job tille (See matrice			Employer (See	instructions)	2
Date	Full name of pledgor	out-of-state PAC)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;			Zip Code	i a s s	· "你一个人,你们,你啊。"
10	2 14 - 2 18 18 18 - 34 3 F					· · · · · · · · · · · · · · · · · · ·
		N I H V D P	- 1975 197		Check if travel outs	ide of Texas. Complete Schedule T
Principal occu	upation / Job title (See Instru	ctions)		Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC	(ID#:)	Amount of Pledge \$	In-kind contribution description
• P. C. 1 • • •	Pledgor address;	City;	State;	Zip Code	in the start	n faith a cuir
°ab.t.' A a	arth Maria an an Talair Shidi a Parasa			$z_{i} \in [z_{i} \wedge y_{i}] = t_{i} z_{i}^{T} = \frac{1}{2} (z_{i} + y_{i})$	- 1757 - 11 ⁻¹ 773 - 1	
				N B KA	Check if travel outs	l ide of Texas. Complete Schedule T
Principal occu	pation / Job title (See Instruc	tions)		Employer (See	Instructions)	and the second sec
	21 - 1948 - 2. 2. 28 a. 1	•	- 5 e i	10 L.)		
1 840 -		n n n An			na se finita a se finita	
liet et l	ATTACH contributor is out-of-state	ADDITIONAL COR PAC, please see				requirements.
Forms provided by	Texas Ethics Commission	WWW	ethics.sta	te tx us		Revised 1/1/2024

district and the second

LOANS	n is not applicable	e, DO NO	T include this page in the	SCHEDULE E
The Instruction (Guide explains hov	v to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Wager	7		3 Filer ID (Ethics Commission Filers
		2		\$
Date of loan 7 Name of	flender	out-of-state	PAC (ID#:)	9 Loan Amount (\$)
ils lender a financial Institution?		City;	State; Zip Code	10 Interest rate
Y N N				11 Maturity date
2 Principal occupation / Job title	(See Instructions)		13 Employer (See Instructions))
4 Description of Collateral			15 Check if personal fi account (See Instru	unds were deposited into political uctions)
6 GUARANTOR 17 Name of INFORMATION	guarantor			19 Amount Guaranteed (\$)
18 Guarant		City;	State; Zip Code	
0 Principal Occupation (See Instr	uctions)	3	21 Employer (See Instructions)) .
Date of loan Name o	flender	out-of-state	PAC (ID#:)	Loan Amount (\$)
a financial	address;	City;	State; Zip Code	Interest rate
Institution?				Maturity date
Principal occupation / Job title	(See Instructions)		Employer (See Instructions))
Description of Collateral			Check if personal fu account (See Instru	unds were deposited into political uctions)
	guarantor		2 ⁴	Amount Guaranteed (\$)
	or address;	City;	State; Zip Code	
	ctions)		Employer (See Instructions)	

UNPAID INCL	JRRED OBLIGATIONS		SCHEDULE F2
If the requested infor	mation is not applicable, DO NOT ir	nclude this page in the re	eport.
the specific cost is	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
4		ins how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME JUSTIN WAGEN		3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEN	MIZED UNPAID INCURRED OBL	IGATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of th	n n	
	a de la companya de l		
$\label{eq:started} \mathcal{M} = \sum_{i=1}^{n} \left\{ \left[\left(\mathbf{k}_{i}^{i} - \mathbf{k}_{i}^{i} \right) - \left(\mathbf{k}_{i}^{i} - \mathbf{k}_{i}^{i} \right) - \mathbf{k}_{i}^{i} \right] \right\} = \left\{ \left[\left(\left(\mathbf{k}_{i}^{i} - \mathbf{k}_{i}^{i} \right) - \left(\left(\left(\left(\left(\mathbf{k}_{i}^{i} - \mathbf{k}_{i}^{i} \right) - \left($	Check if travel outside of Texas. Complete	e Schedule T. Check if A	Austin, TX, officeholder living expense
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e se la l	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED
orms provided by Texas Ethic	cs Commission www.ethic	s.state.tx.us	Revised 1/1/2024

	ASE OF INVESTMENTS MADE POLITICAL CONTRIBUTIONS	SCHEDULE F3
If the reques	ted information is not applicable, DO NOT include this	page in the report.
::::::::::::::::::::::::::::::::::::::	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
FILER NAME	Justin Wager	3 Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	

Forms provided by Texas Ethics Commission

EXPENDITUR					SCHEDULE F4
			ciude tills	page in the rep	on.
	EXPI	ENDITURE CAT	EGORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi The Instruction	By Gift/Awards	erage Expense s/Memorials Expense rices	Office O Polling E Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) OR EACH CREDIT CARD ISSUER
1 TOTAL PAGES	2 FILER NAME	1.5			3 FILER ID (Ethics Commission Filers
SCHEDULE F4:	()()&	tin Ma	ager	-	
			acper-		
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institut	ion			
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Card	l Issuer Paid
	\$				
7 PAYEE	(a) Payee name	••••••••••••••••••••••••••••••••••••••	(b) Payee ad	dress;	City, State, Zip Code
8 PURPOSE OF	(a) Category (See Categories lis	sted at the top of this sche	ldule)	(b) Description	
EXPENDITURE					
Political					
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	are Charged	(c) Date(s) Credit Card	l Issuer Paid
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	re Charged	(c) Date(s) Credit Carc	l Issuer Paid
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	\$	(b) Date Expenditu			
PAYEE PURPOSE OF	\$	1 ····	(b) Payee add		
PAYEE PURPOSE OF EXPENDITURE	\$ (a) Payee name	1 ····	(b) Payee add	dress;	
PAYEE PURPOSE OF EXPENDITURE Political	\$ (a) Payee name (a) Category (See Categories lis	sted at the top of this schee	(b) Payee add	dress; (b) Description	City, State, Zip Code
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PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE POlitical Non-Political Complete ONLY if direct	 \$ (a) Payee name (a) Category (See Categories liss (c) Check if travel out: Candidate / Officeholder r (a) Amount Charged \$ (a) Payee name (a) Category (See Categories liss (c) Check if travel out: Candidate / Officeholder r 	ited at the top of this scher side of Texas. Complet name (b) Date Expenditu ited at the top of this scher side of Texas. Complet name	(b) Payee add dule) e Schedule T. Off ure Charged (b) Payee add dule) e Schedule T. Off	dress; (b) Description Check if ice Sought (c) Date(s) Credit Carc dress; (b) Description Check	City, State, Zip Code Austin, TX, officeholder living expense Office Held Alssuer Paid City, State, Zip Code if Austin, TX, officeholder living expense Office Held
PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE POlitical Non-Political Complete ONLY if direct	 \$ (a) Payee name (a) Category (See Categories liss (c) Check if travel out: Candidate / Officeholder r (a) Amount Charged \$ (a) Payee name (a) Category (See Categories liss (c) Check if travel out: Candidate / Officeholder r 	ited at the top of this scher side of Texas. Complet name (b) Date Expenditu ited at the top of this scher side of Texas. Complet name	(b) Payee add dule) e Schedule T. Off ure Charged (b) Payee add dule) e Schedule T. Off	dress; (b) Description Check if ice Sought (c) Date(s) Credit Carc dress; (b) Description Check ice Sought	City, State, Zip Code Austin, TX, officeholder living expense Office Held Alssuer Paid City, State, Zip Code if Austin, TX, officeholder living expense Office Held

POLITICAL PERSONAL	EXPENDITURES MADE FR	OM	SCHEDULE G		
If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Transpo Expense Travel Ir Expense Travel C Wages/Contract Labor Other (e	on/Fundraising Expense rtation Equipment & Related Expense I District Jut Of District Inter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME (10) Stin Was	3 Filer	ID (Ethics Commission Filers)		
4 Date 8/19/24	5 Payee name SIGNS ON the Cheo	P			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	11525 Stonehollow Dr. B.	22, Austin,	TX 78758		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	с		
OF EXPENDITURE	Advertising Expenses	PONTICal	81 gns		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officer	older living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held At At At At		
Date 8/27/24	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	2307 Texas Ave South	n College Stutic	n TX 77840		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Adverthing Expenses Check if travel outside of Texas. Complete Schedule T.	Political Ply Check if Austin, TX, officer	evs		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	on Justin Wager Br	yan City Council	Mace le At largo		
Date	Payee name	ကြိုင်း ကြိုင်းကြိုင်း ကျွန်းပြီးကြိုင်း ကျွန်း			
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended		end Sp			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	and the second	Same Sec.	an a a a a		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	older 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 S	CHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

	MADE FROM POLITICAL CON IESS OF C/OH	TRIBUTIONS	SCHEDULE H		
If the requested in	formation is not applicable, DO NOT include	this page in the re	port.		
ere interaction	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	5 g		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule H:	² FILER NAME JUSTIN WAR	2	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name				
6 Amount (\$)	7 Business address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin		n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME JUSTIN Wager	~	3 Filer ID (Ethics Co	ommission Filers)	
4 Date	5 Payee name		×		
6 Amount(\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Serrequired.)	e instructions regarding type of	information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type of	f information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type of	f information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type of	^r information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

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

Forms provided by Texas Ethics Commission

SCHEDULE K

Revised 1/1/2024

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

The Instruction Guide explains how to complete this form.			dule K:	
2 FILER NAME	JUStin Wager	3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; Sta	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received	2	Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received	an an an ann an an an an an an an an an	Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

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

The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule T:	
	stin Wager	3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / C	Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expendition	ure reported on: or an	1	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportation	n 11 Purpose of travel (including name of conference, se	eminar, or other event)	
Name of Contributor / C	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expendit	ure reported on:		
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportatio	n Purpose of travel (including name of conference, s	eminar, or other event)	
Name of Contributor / C	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expendit	ure reported on:		
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportatio	n Purpose of travel (including name of conference, s	eminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	OFFICE USE ONLY		
AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER:	Date Received		
ELECTRONIC FILING EXEMPTION	22 ^{14,25} 262728293037		
An exemption affidavit must be submitted with each paper report.	Date Hand-delivered OF Date Postmarked		
Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.	Receipt # CITY SECRETANIY ON SFFICE		
Filer name JUSTIN WAGEN Filer ID #	Date Imaged		
1. I swear or affirm that I have not accepted more than \$32,810 in political cor	tributions or made		

- more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>30M day</u> report due on <u>10129124</u> I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either optio	n below:						
NOT RESTAND REAL	Testin	<u> </u>	Ē	Signature			>
		hay	this	the	day of) el ()) e ()	.1
20, to certify which, witness my l	o Mel.		Brann			Secret	an
Signature of oncer administering bath	Printed name of offi	cer administe	ring oath	A. 1. 6	E	administering oa	th 🔾
		OR and a second second				e di setta	
(2) Unsworn Declaration							
My name is		, and	I my date of bir	th is			
My address is(s	reet)		(city)	'' (state) '	(zip code)	(country)	
Executed in County,		, on the	uuj oi	(month)	, 20 (year)		
			Sigi	nature of Fil	er (Declarant)		
	EXEMPT FROM THI						