

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 Filer)

2 Total pages filed: **26**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	MRS	AIMEE	L		
	NICKNAME	LAST	SUFFIX	Date Received	
		BOOTS			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS - PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
Change of Address			PROSPER TX		75078
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	MR	CHRISTOPHER	D		
	NICKNAME	LAST	SUFFIX	Date Processed	
		BOOTS		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #			CITY	STATE; ZIP CODE
(Residence or Business)				PROSPER	TX 75078
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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"/> 6th day before election	<input type="checkbox"/> Extended Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month / Day / Year
	1	1	23		3 / 27 / 23
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	Primary	Runoff
	5	6	23	<input checked="" type="checkbox"/> General	Special
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
				Prosper ISD School Board Trustee, Place 2	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.				
Additional Pages	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

16 C/OH NAME <i>Aimee Boots</i>		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6655.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4090.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2925.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

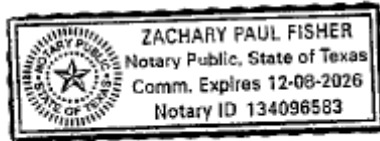
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Aimee Boots

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Aimee Boots this the 6th day of April

20 23, to certify which, witness my hand and seal of office.

Zachary Fisher Zachary Fisher Notary Public
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 <i>Aimee Boots</i>	20 Filer ID (Ethics Commission Filers)
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21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6655.78
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4090.03
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 880.19
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 880.19
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 12
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/23	5 Full name of contributor out-of-state PAC (ID#: _____) Heather Rattin	7 Amount of contribution (\$) 490.40
	6 Contributor address; City; State; Zip Code [Redacted] Prosper TX 75078	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/23	Full name of contributor out-of-state PAC (ID#: _____) Leslie Kuhlman	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code [Redacted] Prosper TX 75078	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor out-of-state PAC (ID#: _____) Patrick Wamhoff	Amount of contribution (\$) 138.38
	Contributor address; City; State; Zip Code [Redacted] Frisco TX 75036	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor out-of-state PAC (ID#: _____) Hillary Morabito	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code Prosper, TX	
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: 12
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/23	5 Full name of contributor Tara Shulte out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address: _____ City: McKinney TX State: _____ Zip Code: 75072		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/23	Full name of contributor Alexandra Marchetta out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address: _____ City: _____ State: _____ Zip Code: Celina, TX 75009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor Katie DeBenedictis out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address: _____ City: _____ State: _____ Zip Code: Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor Samantha Kim out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address: _____ City: _____ State: _____ Zip Code: Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>12</u>
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/7/23</u>	5 Full name of contributor <u>Stephanie Delgadillo</u> out-of-state PAC (ID#): _____ 6 Contributor address: _____ City: _____ State: _____ Zip Code: <u>Frisco, TX 75035</u>	7 Amount of contribution (\$) <u>200.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/7/23</u>	Full name of contributor <u>Christine Chiappinelli</u> out-of-state PAC (ID#): _____ Contributor address: _____ City: _____ State: <u>TX</u> Zip Code: _____	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/7/23</u>	Full name of contributor <u>Laura Weaver</u> out-of-state PAC (ID#): _____ Contributor address: _____ City: _____ State: _____ Zip Code: <u>Prosper, TX 75078</u>	Amount of contribution (\$) <u>250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/7/23</u>	Full name of contributor <u>Rudy Plata</u> out-of-state PAC (ID#): _____ Contributor address: _____ City: _____ State: _____ Zip Code: <u>Celina TX 75009</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/23	5 Full name of contributor out-of-state PAC (ID#: Tad Preston	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code [Redacted] Frisco, TX 75034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/23	Full name of contributor out-of-state PAC (ID#: Joe Kearney	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [Redacted] Celina, TX 75009	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor out-of-state PAC (ID#: Stephani Reazor	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [Redacted]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor out-of-state PAC (ID#: Andrew Burrows	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [Redacted] Prosper TX 75078	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/23	5 Full name of contributor James Pope out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted] Prosper TX 75078	7 Amount of contribution (\$) 90.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/23	Full name of contributor Bernadette Cashman out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Prosper TX 75078	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor Jared Patterson Campaign out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Frisco TX 75035	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor Val H. and Ruth B. Canon, Alison McCallig out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] McKinney, TX 75072	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/23	5 Full name of contributor Melinda Preston out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted] Frisco, TX 75034	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/23	Full name of contributor Aileen Blachowski out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Prosper, TX 75078	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor Justin and Katie McCally out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Celina, TX 75009	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/23	Full name of contributor Jeremy White out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Prosper, TX 75078	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/23	5 Full name of contributor out-of-state PAC (ID#: _____) Chris & Kathy Zaal	7 Amount of contribution (\$) 12.00
	6 Contributor address; City; State; Zip Code TX	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/8/23	Full name of contributor out-of-state PAC (ID#: _____) Christy Cosmano	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code Prosper TX 75078	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/23	Full name of contributor out-of-state PAC (ID#: _____) Lennea Harboonian	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/23	Full name of contributor out-of-state PAC (ID#: _____) Jason Money	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>12</u>
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/12/23</u>	5 Full name of contributor <u>Kristen Ethridge</u> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code [Redacted] <u>Celina, TX 75009</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/16/23</u>	Full name of contributor <u>Kristin Franks</u> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code [Redacted] <u>Celina, TX 75009</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/12/23</u>	Full name of contributor <u>Emily Cochrane</u> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code [Redacted] <u>Prosper, TX 75078</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1/16/23</u>	Full name of contributor <u>Janelle Davis</u> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code [Redacted] <u>Celina, TX 75009</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 12
2 FILER NAME Aimee Boots			3 Filer ID (Ethics Commission Filer)
4 Date 1/18/23	5 Full name of contributor Karen Trask out-of-state PAC (ID#): _____	7 Amount of contribution (\$) 25.00	
6 Contributor address; City; State; Zip Code TX		8 Principal occupation / Job title (See Instructions)	
9 Employer (See Instructions)		8 Principal occupation / Job title (See Instructions)	
Date 1/20/23	Full name of contributor Jeff Miles out-of-state PAC (ID#): _____	Amount of contribution (\$) 50.00	
Contributor address; City; State; Zip Code Celina, TX 75009		8 Principal occupation / Job title (See Instructions)	
9 Employer (See Instructions)		8 Principal occupation / Job title (See Instructions)	
Date 1/23/23	Full name of contributor Bethe Kichula out-of-state PAC (ID#): _____	Amount of contribution (\$) 50.00	
Contributor address; City; State; Zip Code Prosper, TX 75078		8 Principal occupation / Job title (See Instructions)	
9 Employer (See Instructions)		8 Principal occupation / Job title (See Instructions)	
Date 1/24/23	Full name of contributor Stacy Hannah out-of-state PAC (ID#): _____	Amount of contribution (\$) 30.00	
Contributor address; City; State; Zip Code TX		8 Principal occupation / Job title (See Instructions)	
9 Employer (See Instructions)		8 Principal occupation / Job title (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>12</u>
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/26/23</u>	5 Full name of contributor <u>Kayla Brill</u> out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] <u>Celina, TX 75009</u> City; State; Zip Code	7 Amount of contribution (\$) <u>25.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/23/23</u>	Full name of contributor <u>Cindy Jeuging</u> out-of-state PAC (ID#: _____) Contributor address; [REDACTED] <u>TX</u> City; State; Zip Code	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/6/23</u>	Full name of contributor <u>Jackie Glynn Gross</u> out-of-state PAC (ID#: _____) Contributor address; [REDACTED] <u>TX</u> City; State; Zip Code	Amount of contribution (\$) <u>500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/4</u>	Full name of contributor <u>Gary Dias</u> out-of-state PAC (ID#: _____) Contributor address; [REDACTED] <u>Prosper, TX 75078</u> City; State; Zip Code	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/23	5 Full name of contributor Ralph Reed out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted] Prosper, TX 75078	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/16/23	Full name of contributor Ann Bleeck out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Dallas, TX 75289	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/23	Full name of contributor Christine Strobush out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Prosper, TX 75078	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/23	Full name of contributor Christine Strobush out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Prosper, TX 75078	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Aimee Boots		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/23	5 Full name of contributor James Pope out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code [REDACTED] Prosper TX 75078		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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	Printing 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: 9	2 FILER NAME Aimee Boots	3 Filer ID (Ethics Commission Filers)
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4 Date 1/20/23	5 Payee name National Banner Co., Inc.
--------------------------	--

6 Amount (\$) 647.77	7 Payee address; 11938 Harry Hines Blvd. Dallas TX 75234
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Signs
	(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 2/6/23	Payee name National Banner Co., Inc.
-----------------------	--

Amount (\$) 647.76	Payee address; 11938 Harry Hines Blvd. Dallas TX 75234
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign 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
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Date 2/6/23	Payee name The Home Depot
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Amount (\$) 93.99	Payee address; 4450 W University Drive Prosper TX 75078
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign signs supplies
	<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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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	Printing 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: 9	2 FILER NAME Aimee Boots	3 Filer ID (Ethics Commission Filers)
4 Date 2/6/23	5 Payee name The Home Depot	
6 Amount (\$) 48.41	7 Payee address; City; State; Zip Code 4450 W University Drive Prosper TX 75078	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign supplies for signs
	(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 2/7/23	Payee name National Banner Co., Inc.	
Amount (\$) 98.73	Payee address; City; State; Zip Code 11938 Harry Hines Blvd. Dallas TX 75234	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign signs
	(c) 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 2/14/23	Payee name Facebook, Meta Platforms, Inc.	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political campaign advertising
	(c) 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

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	Printing 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: 9	2 FILER NAME Annee Boots	3 Filer ID (Ethics Commission Filers)
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4 Date 2/14/23	5 Payee name Facebook, Meta Platforms, Inc.
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6 Amount (\$) 25.00	7 Payee address; 1601 Willow Road	City; Menlo Park	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign advertising
	(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
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Date 2/13/23	Payee name Facebook, Meta Platforms, Inc.
------------------------	---

Amount (\$) 25.00	Payee address; 1601 Willow Road	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign advertising
	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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Date 2/15/23	Payee name Facebook, Meta Platforms, Inc.
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Amount (\$) 35.00	Payee address; 1601 Willow Road	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign advertising
	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: **9** 2 FILER NAME **Aimee Boots** 3 Filer ID (Ethics Commission Filers)

4 Date **2/17/23** 5 Payee name **Facebook, Meta Platforms, Inc.**

6 Amount (\$) **50.00** 7 Payee address; City: State: Zip Code
1601 Willow Road Menlo Park CA 94025

8 **PURPOSE OF EXPENDITURE**
 (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description **campaign advertising**
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **2/22/23** Payee name **Facebook, Meta Platforms, Inc.**

Amount (\$) **75.00** Payee address; City: State: Zip Code
1601 Willow Road Menlo Park CA 94025

PURPOSE OF EXPENDITURE
 Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **campaign advertising**
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **3/5/23** Payee name **Go Daddy. com**

Amount (\$) **22.16** Payee address; City: State: Zip Code
2155 E GoDaddy Way Tempe AZ 85284

PURPOSE OF EXPENDITURE
 Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **.com domain registration**
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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/Financing | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gifts/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: 9	2 FILER NAME Aimee Boats	3 Filer ID (Ethics Commission Filers)
4 Date 3/5/23	5 Payee name Wix.com LTD	
6 Amount (\$) 41.13	7 Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign website
	(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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 3/12/23	Payee name Facebook, Meta Platforms, Inc.	
Amount (\$) 4.99	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign advertising
	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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 3/14/23	Payee name Wix.com LTD	
Amount (\$) 5.40	Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign website
	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 <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: 9	2 FILER NAME Aimee Boats	3 Filer ID (Ethics Commission Filers)
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4 Date 3/14/23	5 Payee name Last Call Print
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6 Amount (\$) 654.92	7 Payee address; 5325 Colony Hill Rd. Fort Worth TX 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign materials: rack cards, business 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/23	Payee name The Home Depot
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Amount (\$) 14.84	Payee address; 4450 W University Dr. Prosper TX 75078
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign signs supplies
	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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Date 3/16/23	Payee name Lowe's Home Centers, LLC.
------------------------	--

Amount (\$) 96.67	Payee address; 4301 E. University Dr. Prosper TX 75078
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign signs supplies
	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: 9	2 FILER NAME Aimee Boots	3 Filer ID (Ethics Commission Filers)
4 Date 3/16/23	5 Payee name WIX.COM LTD	
6 Amount (\$) 13.80	7 Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Website transaction fee regarding donation made
	(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 3/15/23	Payee name WIX.COM LTD	
Amount (\$) 5.70	Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description website transaction fee regarding donation made
	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 3/11/23	Payee name WIX.COM LTD	
Amount (\$) 3.00	Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description website transaction fee regarding donation made
	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: 9	2 FILER NAME Aimee Boots	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Payee name WIX.COM LTD	
6 Amount (\$) 0.57	7 Payee address; City; State; Zip Code 40 Namat Tel Aviv 6350671 Israel	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description website transaction fee regarding donation made
	(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	Payee name	
Amount (\$)	Payee 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. <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	Payee name	
Amount (\$)	Payee 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. <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 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: **9** 2 FILER NAME **Aimee Boots** 3 Filer ID (Ethics Commission Filers)

4 Date **3/24/23** 5 Payee name **Facebook, Meta Platforms, Inc.**

6 Amount (\$) **75.00** 7 Payee address: City: State: Zip Code
1601 Willow Road Menlo Park CA 94025

8 PURPOSE OF EXPENDITURE
 (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description **campaign advertising**

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **3/24/23** Payee name **(Aimee Boots) Capital One, credit card**

Amount (\$) **880.19** Payee address: City: State: Zip Code
P.O. Box 60519 City of Industry CA 91716

PURPOSE OF EXPENDITURE
 Category (See Categories listed at the top of this schedule) **Credit Card Payment** Description **Payment to reimburse expenditures on credit card for campaign signs cost on 1/12/23**

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **3/24/23** Payee name **(Aimee Boots) Capital One, credit card**

Amount (\$) **500.00** Payee address: City: State: Zip Code
P.O. Box 60519 City of Industry CA 91716

PURPOSE OF EXPENDITURE
 Category (See Categories listed at the top of this schedule) **Credit Card Payment** Description **Payment to reimburse expenditure on credit card for campaign signs cost on 12/30/22**

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Aimee Boots	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 1/7/23	6 Payee name First Graphic Services	City:	State:	Zip Code
7 Amount (\$) 880.19	8 Payee address: 229 Garvon St.	Garland TX	75040	

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign signs, to be reimbursed with political contributions
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name	City:	State:	Zip Code
Amount (\$)	Payee address:			

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Aimee Boats	3 Filer ID (Ethics Commission Filers)
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4 Date 1/7/23	5 Payee name First Graphic Services	City; State; Zip Code
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6 Amount (\$) 880.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 229 Garvon St.	City; State; Zip Code Garland TX 75040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign signs
	(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
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Date	Payee name	City; State; Zip Code
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Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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Date	Payee name	City; State; Zip Code
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Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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