CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to c	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Richard	MI		USE ONLY	
IVAIVIL	NICKNAME Dick	LAST Lavine	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE UStin, TX 78704	RECEIVED		
MAILING ADDRESS		710	, 17(1010 T	By Travis Central Appraisal Di	strict at 4:40 pm, Apr 04, 2024	
Change of Address	4D54 00D5	DUONE AUMADED	EVTENOION			
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	636-8814	EXTENSION	Date Hand-delivered Receipt #		
6 CAMPAIGN TREASURER	MS / MRS / MR	_{FIRST} Lousia	МІ	Date Processed	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date 1 locessed		
		Keeler		Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS (Residence or Business)	1007 Milam Pla	ace	Austin, TX 787	704		
,	AREA CODE	PHONE NUMBER	EXTENSION			
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	(512)	496-0978				
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day afte treasurer ap (Officeholder	pointment	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
COVERED	2 /	20 / 24	тнгоидн 3	/ 25 / 24		
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day	Month Day Year Primary Runoff Other Description				
	5 / 4 /	24 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Travis Central App	•	Board, Place 3	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHO	LDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN. RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE CO	DMMITTEE NAME				
Additional Pages	GENERAL	DMMITTEE ADDRESS				
	SPECIFIC	DMMITTEE CAMPAIGN TRE	ASURER NAME			
	CC	DMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
		GO TO	PAGE 2			
		5 5 1 5				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Dick Lavine				16 File	r ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAI CONTRIBUTIONS MADE ELE		AN	\$	0.00
	2.	TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOAN	S)	\$ 7	,171.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPEN	DITURES		\$	274.84
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	JTIONS MAINTAINED AS OF THE L	AST DAY	\$ 7	,171.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	\$	0.00
		affirm, under penalty of perjury, e reported by me under Title 15,	that the accompanying report is t	rue and co	orrect and incl	udes all information
	quirou to b	o roported by me ander the re,		k Lav	/ine	
			Signature of 0	Candidata	or Officehold	
		Please com	plete either option belo	w.		
		i icase com	picto citiloi option boic	, , , ,		
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before m	e by	this th	ie	_ day of	,
20, to certify	which, with	ness my hand and seal of office.				
Signature of officer administer	ering oath	Printed name of o	fficer administering oath		Title of office	r administering oath
			OR			
(2) Unsworn Declaration	on					
My name is			, and my date of birth	is		·
My address is						·
		(street)	(city)	` ,	` ' '	, , ,
Executed in		County, State of	, on the day of (mo	nth)	, 20 (year)	
			Signature of Can	didate/Offic	ceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	19 FILER NAME 20 Filer ID (Ethics Co				
Dick L	avine				
21 SCHI NAM		SUBTOTAL AMOUNT			
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTI	ONS	\$		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO TO FILER	FRIBUTIONS RETURNED	\$		
				·	

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: 14			
2 FILER NAME Dick Lavine)	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
03/18/2024	6 Contributor address; City; State; Austin TX 7870	Zip Code 100.00			
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/17/2024	Oliver Bernstein Contributor address; City; State; Austin TX 7	20.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/15/2024	Contributor address; City; State; Austin TX 7	Zip Code 100.00			
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:				
03/17/2024	Contributor address; City; State; Austin TX	Zip Code 50.00 (78704			
Principal occup	pation / Job title (See Instructions) Emp	loyer (See Instructions)			

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SCHEDULE A1

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The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 14	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Dick Lavine	9				
4 Date	Full name of contributor Nancy Byrd		C (ID#:)	7 Amount of contribution (\$)	
03/14/2024	6 Contributor address;	City;	State; Zip Code	250.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
03/17/2024	Perla Cavazos			400.00	
03/11/2024	Contributor address;	City;	State; Zip Code	100.00	
		Austi	n TX 78702		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
03/18/2024	Peter Clark			400.00	
03/10/2024	Contributor address;	City;	State; Zip Code	100.00	
		AUSTIN	TX 78723-4026		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
00/45/0004	Karen Collins				
03/15/2024	Contributor address;	City;	State; Zip Code	500.00	
Austin TX 78756					
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	

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The	Instruction Guide explains h	ow to complete this	form.	1 Total pages Schedule A1: 14
2 FILER NAME Dick Lavine)			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Jim Cousar		(ID#:)	7 Amount of contribution (\$)
03/20/2024	6 Contributor address;	City;	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instruction		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/18/2024	Contributor address;	City;	State; Zip Code	500.00
Principal occup	ation / Job title (See Instruction		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/18/2024	Scott Daigle Contributor address;	City;	State; Zip Code tin TX 78726	25.00
Principal occup	ation / Job title (See Instruction	ıs)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/18/2024	Will Francis Contributor address;	City;	State; Zip Code	50.00
Austin TX 78752-3115				
Principal occup	ation / Job title (See Instruction	is)	Employer (See Instruc	tions)

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SCHEDULE A1

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2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Dick Lavine	9			
4 Date	Full name of contributor Michael Gagarin	out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
03/23/2024	6 Contributor address;	City;	State; Zip Code	500.00
		A	Austin TX 78712	000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	PAC (ID#:)	Amount of contribution (\$)
02/24/2024	Robert Gaines			400 00
03/21/2024	Contributor address;	City;	State; Zip Code	100.00
		Santa F	e NM 87508	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	PAC (ID#:)	Amount of contribution (\$)
03/20/2024	Merrick Garb			45.00
03/20/2024	Contributor address;	City;	State; Zip Code	15.00
		V	Vashington DC 20005	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Cull name of contributor			A
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
03/18/2024	Eileen Garcia	O:t		25.00
	Contributor address;	City;	State; Zip Code	25.00
		Αι	ustin TX 78729	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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2 FILER NAME Dick Lavine)			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Lora Ann Gerson	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/18/2024	6 Contributor address;	City;	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/18/2024	Martin Golando	City	State: Zin Code	50.00
	Contributor address;	San Anto	state; Zip Code nio TX 78201	30.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/20/2024	Elizabeth Gray		State: Zip Code	25.00
	Contributor address;	Austin	State; Zip Code TX 78703-2206	23.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/20/2024	Douglas Greco Contributor address;	City;	State; Zip Code	100.00
		,	Austin TX 78749	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Dick Lavine	9			
4 Date	Full name of contributor Stuart Greenfield		AC (ID#:)	7 Amount of contribution (\$)
03/15/2024	6 Contributor address;	City;	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/16/2024	Steve Hall			40.00
03/10/2024	Contributor address;	City;	State; Zip Code	10.00
	A	ustin T	X 78711	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/17/2024	Joanne Hankamer			400.00
00/11/2024	Contributor address;	City;	State; Zip Code	100.00
			Austin TX 78703	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
02/46/2024	Julia Hart			10000
03/16/2024	Contributor address;	City;	State; Zip Code	100.00
		Austin	n TX 78731	100100
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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The	Instruction Guide explains how	v to complete thi	s form.	1 Total pages Schedule A1: 14
2 FILER NAME Dick Lavine)			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Jane Hedgepeth		C (ID#:)	7 Amount of contribution (\$)
03/16/2024	6 Contributor address;	City; Austin T	State; Zip Code X 78704-2606	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/17/2024	Teri Hubbeling			400.00
03/11/2024	Contributor address;	City;	State; Zip Code	100.00
		Αι	ustin TX 78704	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/18/2024	Meta Hunt			05.00
03/10/2024	Contributor address;	City; State; Zip Code		25.00
		Austin T	X 78746	
Principal occup	pation / Job title (See Instructions)	_	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Melissa Jones			
03/13/2024	Contributor address;	City;	State; Zip Code	250.00
Austin TX 78703				
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			<u> </u>	

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The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1: 14	
2 FILER NAME Dick Lavine)			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Bill King		C (ID#:)	7 Amount of contribution (\$)	
03/16/2024	6 Contributor address;	City;	State; Zip Code	100.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
00/40/0004	Sterling King			0 = 0 0	
03/19/2024	Contributor address;	City;	State; Zip Code	25.00	
	Aus	stin TX	78704	20100	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
03/21/2024	Carol Martin			050.00	
03/21/2024	Contributor address;	City;	State; Zip Code	250.00	
		Au	stin TX 78704		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
00/04/0004	Mary McLeod				
03/21/2024	Contributor address;	City;	State; Zip Code	250.00	
Austin TX 78704					
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)	

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SCHEDULE A1

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 14
2 FILER NAME Dick Lavine			3 Filer ID (Ethics Commission Filers)
4 Date	Leslie Morris	AC (ID#:)	7 Amount of contribution (\$)
03/17/2024	6 Contributor address; City; Austin TX	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/15/2024	Contributor address; City;	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Adam Powell	AC (ID#:)	Amount of contribution (\$)
03/20/2024	Contributor address; City;	State; Zip Code	15.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA William Pumfrey	AC (ID#:)	Amount of contribution (\$)
03/16/2024	Contributor address; City;	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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2 FILER NAME Dick Lavine)			3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#: Michael Ramsey		C (ID#:)	7 Amount of contribution (\$)
03/19/2024	6 Contributor address;	City; Austin	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
03/17/2024	Virginia Raymond Contributor address;	City;	State; Zip Code	81.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/16/2024	Jason Sabo Contributor address;	City; Austin T	State; Zip Code X 78704-4638	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Mary Sanger	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/16/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	tions)
			1	

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SCHEDULE A1

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The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 14
2 FILER NAME Dick Lavine)			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Stephen Saunders	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/21/2024	6 Contributor address;	City;	State; Zip Code Austin TX 78703	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/22/2024	Willie Schmerler Contributor address;	City;	State; Zip Code	100.00
		Austin	TX 78711	100100
Principal occup	vation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Michael Schooler	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/21/2024	Contributor address;	City;	State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	vvasiiii	gton DC 20012 Employer (See Instruct	tions)
Date	Full name of contributor Jason Snell	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/18/2024	Contributor address;	City;	State; Zip Code	250.00
		Aus	tin TX 78701	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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2 FILER NAME Dick Lavine	9			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Nancy Stephens		C (ID#:)	7 Amount of contribution (\$)	
03/19/2024	6 Contributor address;	City; State; Zip Code Los Angeles CA 90071		100.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
03/17/2024	Paul Sullivan			400.00	
03/11/2024	Contributor address;	City;	State; Zip Code	100.00	
		Austin 7	TX 78705		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor A Carol Teitelman	out-of-state PA	.C (ID#:)	Amount of contribution (\$)	
03/16/2024				25.00	
	Contributor address;	City;	State; Zip Code	25.00	
		Piluge	erville TX 78660		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
00/04/0004	CLIFF WALKER				
03/21/2024	Contributor address;	City;	State; Zip Code	50.00	
		A	ustin TX 78701		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
			1		

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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 14
2 FILER NAME Dick Lavine)			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Nancy Walker		C (ID#:)	7 Amount of contribution (\$)
03/18/2024	6 Contributor address;	City;	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	_	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/18/2024	David Warner Contributor address;	City;	State; Zip Code	250.00
		Au	ustin TX 78731	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/15/2024	Contributor address;	City;	State; Zip Code	150.00
Principal occup	nation / Job title (See Instructions)	7 (40 (11)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/25/2024	Nancy Woodward Contributor address;	City;	State; Zip Code	25.00
		SANTA	A FE NM 87505	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)

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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: 14
2 FILER NAME Dick Lavine)			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Kennon Wooten	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/23/2024	6 Contributor address;	City;	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/17/2024	Phyllis York			50.00
	Contributor address;	Austin	State; Zip Code TX 78703	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/24/2024	Charles Zeller	City	State. Zin Code	500.00
	Contributor address;	City;	State; Zip Code stin TX 78733	300.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/23/2024	Central Austin Democrats Contributor address:		State; Zip Code	300.00
		Austin TX 78731		300.00
Principal occup	aation / Job title (See Instructions)		Employer (See Instruct	tions)

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
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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	outer (erner a eateger) in	5. 110.10 a abovo,			
1 Total pages Schedule F1:	2 FILER NAME Dick Lavine		3 Filer ID (Ethics Commission Filers)				
4 Date 03/18/2024	5 Payee name ActBlue						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
110.64	PO Box 441146 Somerville, MA 0214	14					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Fees Online Contribution Processing Fee						
	(c) Check if travel outside of Texas. Complete Schedule T.	(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	Offi	ice held			
Date	Payee name						
03/25/2024	ActBlue						
Amount (\$)	Payee address;	City;	State;	Zip Code			
164.20	PO Box 441146 Somerville, MA 0214	14					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Fees Online Contribution Processing Fee						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offi	ce held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description					
EXPENDITURE							
_	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense			
_	Candidate / Officeholder name	Check if Austi Office sought		ense fice held			