



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

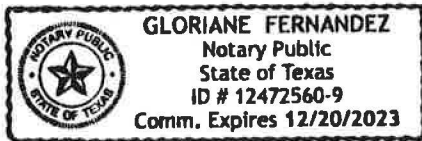
<b>15 C/OH NAME</b> Cody Weaver		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9717.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5976.97
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4762.61
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2500.00

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

*Cody Weaver*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cody Weaver this the 3rd day of April

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

Gloriane Fernandez Signature of officer administering oath  
Gloriane Fernandez Printed name of officer administering oath  
Notary Title of officer administering oath

(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

*Cody Weaver*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9667.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 50.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5976.97
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/5/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Staci Weaver</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>Plano TX 75075</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/5/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jason Green</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Fort Lauderdale FL 33304</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/5/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ronald Dubner</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>Plano TX 75093</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/5/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Baruch Hecht</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Dallas TX 7504</b>		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/5/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Gene Itzkowitz</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>Plano TX 75075</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/5/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Held</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>San Antonio TX 78261</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/5/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jared Held</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>San Antonio TX 78261</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Typhani Gibbs</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Seagoville TX 75159</b>		
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: <b>13</b>
2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/28/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Cathi Cohen</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>San Antonio TX 78261</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/29/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lin Adi</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Allen TX 76014</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Terry Urbanek</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Irving TX 75038</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/10/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Eric Allen</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>Allen TX 75013</b>		
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**

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: **13**

2 FILER NAME

**Cody Weaver**

3 Filer ID (Ethics Commission Filers)

4 Date

**1/10/23**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

**Ed Acklin**

7 Amount of contribution (\$)

**100.00**

6 Contributor address; City; State; Zip Code

**Plano TX**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**2/13/23**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

**Cole Willford**

Amount of contribution (\$)

**50.00**

Contributor address; City; State; Zip Code

**McKinney TX 75072**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/13/23**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

**Alan Rubin**

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**Fort Worth TX 76109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/15/23**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

**Lisa Smith**

Amount of contribution (\$)

**250.00**

Contributor address; City; State; Zip Code

**Plano, TX 75024**

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: <b>13</b>
2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/15/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Maggie Whitt</b>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>Murphy TX 75094</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/16/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bob Thurman</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>Plano TX 75093</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/16/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cathie Alexander</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>Plano TX 75074</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/16/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Patricia Greer</b>	Amount of contribution (\$) <b>350.00</b>
	Contributor address; City; State; Zip Code <b>Plano TX 75075</b>	
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 <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/16/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Carol Sewell</b>	7 Amount of contribution (\$)  <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>Plano, TX 75075</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/16/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Kemp</b>	Amount of contribution (\$)  <b>250.00</b>
Contributor address; City; State; Zip Code <b>Plano TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/16/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sharron Albertson</b>	Amount of contribution (\$)  <b>30.00</b>
Contributor address; City; State; Zip Code <b>Plano, TX 75023</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/16/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jim Kerr</b>	Amount of contribution (\$)  <b>500.00</b>
Contributor address; City; State; Zip Code <b>Plano, TX 75023</b>		
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: <b>13</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>CASH</b>	7 Amount of contribution (\$) <b>50.00</b>
<b>2/15/23</b>	6 Contributor address; City; State; Zip Code	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>David Weaver</b>	Amount of contribution (\$) <b>100.00</b>
<b>2/16/23</b>	Contributor address; City; State; Zip Code <b>Plano TX 75075</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Jennifer &amp; Robert Grossman</b>	Amount of contribution (\$) <b>18.00</b>
<b>2/22/23</b>	Contributor address; City; State; Zip Code <b>Plano TX 75093</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Fred McDonald</b>	Amount of contribution (\$) <b>250.00</b>
<b>2/23/23</b>	Contributor address; City; State; Zip Code <b>Plano TX 75093</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **13**

2 FILER NAME

*Cody Weaver*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/6/23*

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

*Judith Bokhart*

7 Amount of contribution (\$)

*100.00*

6 Contributor address; City; State; Zip Code

*Dallas TX 75244*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/6/23*

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

*Toby Braun*

Amount of contribution (\$)

*250.00*

Contributor address; City; State; Zip Code

*Lighthouse Point FL 33064*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/6/23*

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

*Cash*

Amount of contribution (\$)

*50.00*

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/6/23*

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

*Cash*

Amount of contribution (\$)

*50.00*

Contributor address; City; State; Zip Code

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 <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/6/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>David Roth</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>Plano TX 75093</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Hayden Padgett</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Plano TX 75025</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Barrett Gold</b>	Amount of contribution (\$) <b>118.00</b>
Contributor address; City; State; Zip Code <b>Washington D.C. 20009</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Asher Bublic</b>	Amount of contribution (\$) <b>108.00</b>
Contributor address; City; State; Zip Code <b>Allen TX 75013</b>		
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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2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/7/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Morgan Metzger</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>Dallas TX 75252</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/8/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nathaniel Butler</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>Plano TX 75024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ian Mumm</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Arlington TX 76002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Matthew Weaver</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Boca Raton FL 33431</b>		
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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2 FILER NAME <i>Cody Weaver</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/12/23</i>	5 Full name of contributor <i>Jamison Daw</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>Prosper TX 75078</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/12/23</i>	Full name of contributor <i>Ido Doron</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>118.00</i>
Contributor address; City; State; Zip Code <i>Plano TX 75093</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/13/23</i>	Full name of contributor <i>Arthur Clements</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>Plano TX 75074</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/13/23</i>	Full name of contributor <i>Christopher Cervantes</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>2300.00</i>
Contributor address; City; State; Zip Code <i>Dallas, TX 75252</i>		
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 <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/14/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Harris Khan</b>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>Flower Mound TX 75028</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/15/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Andrew Cobert</b>	Amount of contribution (\$) <b>25.00</b>
	Contributor address; City; State; Zip Code <b>Dallas TX 75248</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Held</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code <b>San Antonio TX 78261</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Dillavou</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>Plano TX 75093</b>	
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 <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/15/03</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Denise Midgley</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>Plano TX 75075</b>		
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)

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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <b>Cody Weaver</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 50.00	
5 Date <b>1/5/23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amy Ratleff</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>Graphic Design</b>
7 Contributor address; City; State; Zip Code <b>Plano, TX</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>Cody Weaver</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/9/23</b>	<b>5</b> Payee name <b>Keepers Press</b>	
<b>6</b> Amount (\$) <b>1303.01</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>(b)</b> Description <b>Signs</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cody Weaver</b>	Office sought <b>PISD 7</b>
		Office held <b>PISD 7</b>
Date <b>1/12/23</b>	Payee name <b>Keepers Press</b>	
Amount (\$) <b>1016.19</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs</b>
	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 <b>Cody Weaver</b>	Office sought <b>PISD 7</b>
		Office held <b>PISD 7</b>
Date <b>1/19/23</b>	Payee name <b>Nation Builder</b>	
Amount (\$) <b>41.00</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Website</b>
	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 <b>Cody Weaver</b>	Office sought <b>PISD 7</b>
		Office held <b>PISD 7</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>6</i>	<b>2</b> FILER NAME <i>Cody Weaver</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1/27/23</i>	<b>5</b> Payee name <i>Elliotts Hardware</i>	
<b>6</b> Amount (\$) <i>19.47</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Zip ties</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>1/30/23</i>	Payee name <i>Elliotts Hardware</i>	
Amount (\$) <i>36.76</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>zip ties</i>
	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 held
Date <i>2/2/23</i>	Payee name <i>Notarize, Inc.</i>	
Amount (\$) <i>25.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Notary</i>	Description <i>Notary</i>
	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 held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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  
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
6	Cody Weaver	
<b>4</b> Date	<b>5</b> Payee name	
2/8/23	Facebook	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
53.72		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Advertising	web Ads
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/16/23	Turkish Cafe	
Amount (\$)	Payee address;	City; State; Zip Code
1161.50		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Food / Beverage	Campaign kickoff
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/17/23	Shijin Hsu	
Amount (\$)	Payee address;	City; State; Zip Code
150.00		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Photography
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Cody Weaver</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/21/23</b>	5 Payee name <b>Nation Builder</b>
--------------------------	---------------------------------------

6 Amount (\$) <b>41.00</b>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Website</b>
	(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 <b>2/24/23</b>	Payee name <b>Gamal Abdel-Hafiz</b>
------------------------	--

Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Background Check</b> →	Description
	(c) 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 <b>3/6/23</b>	Payee name <b>Edgerton Strategies</b>
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Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consultant</b>	Description <b>Consultant</b>
	(c) 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

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Cody Weaver</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/8/23</b>	5 Payee name <b>The Press Group</b>
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6 Amount (\$) <b>495.78</b>	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Printing</b>
	(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
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Date <b>3/8/23</b>	Payee name <b>Facebook</b>
-----------------------	-------------------------------

Amount (\$) <b>89.85</b>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Web Ads</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/30/23</b>	Payee name <b>Edgerton Strategies</b>
------------------------	--

Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consultant</b>	Description <b>Consultant</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Cody Weaver</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/17/23</b>	5 Payee name <b>Elliotts Hardware</b>
--------------------------	--

6 Amount (\$) <b>25.95</b>	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>zip ties</b>
	(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
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Date <b>3/20/23</b>	Payee name <b>Nation Builder</b>
------------------------	-------------------------------------

Amount (\$) <b>41.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Web site</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/26/23</b>	Payee name <b>Stripe</b>
------------------------	-----------------------------

Amount (\$) <b>376.74</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Credit Card Processor</b>	Description <b>CC fees</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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