

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>12</b>
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3 COMMITTEE NAME <b>Waller County Roads NOW</b>	OFFICE USE ONLY
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4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE <b>PO BOX 748 Hempstead, TX 77445</b>	Date Received <b>Waller Co. Elections JAN 18 2024 RECEIVED</b>
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5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr. Walter Peter</b>	Date Hand-delivered or Date Postmarked
	NICKNAME LAST SUFFIX <b>Sass</b>	Receipt # Amount \$
		Date Processed
		Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <b>19500 Park Row ste Houston, TX DR 100 77084</b>
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7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE <b>PO BOX 308 Banker, TX 77413</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(201) 579-7300</b>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year      Month Day Year <b>8 / 29 / 23</b> THROUGH <b>10 / 31 / 23</b>
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11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special      Description _____
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**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME Walter County Roads Now 13 Filer ID (Ethics Commission Filers)

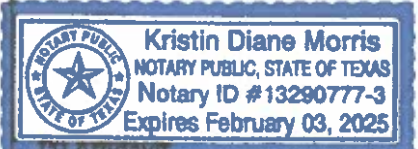
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #	ELECTION DATE Month / Day / Year	
		DESCRIPTION		

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>72,500</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>19,237.24</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>53,262.76</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

16 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.

*[Handwritten Signature]*

Signature of Campaign Treasurer (Declarant)



AFFIX NOTARY STAMP / SEAL ABOVE

Please complete either option below:

Sworn to and subscribed before me, by the said Walter sass this the 31st day of October, 2023, to certify which, witness my hand and seal of office.

Kristin Morris Kristin Morris Admin  
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 Campaign Treasurer (Declarant)

**SUBTOTALS - SPAC**

**FORM SPAC  
COVER SHEET PG 3**

17 COMMITTEE NAME <b>Waller County Roads Now</b>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <del>0</del>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <del>0</del>
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 15,500.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <del>0</del>
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ <del>0</del>
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <del>0</del>
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,237.24
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <del>0</del>
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <del>0</del>
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <del>0</del>
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <del>0</del>

# 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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TNP Political action committee	7 Amount of contribution (\$) 1,000 <sup>00</sup>
	6 Contributor address; City; State; Zip Code 5237 North Riverside #100 Fort Worth, TX 76137	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Political Action Committee Pacheco Koch	Amount of contribution (\$) 1,000 <sup>00</sup>
	Contributor address; City; State; Zip Code 7557 Rambler Rd #1400 Dallas, TX 75231	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Kwak Kit H Koo	Amount of contribution (\$) 5,000 <sup>00</sup>
	Contributor address; City; State; Zip Code 13423 Amber Queen Ln Houston, TX 77041	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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 CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

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 C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
9/14/23	Stuart + consulting Group INC ..... 6 Corporation / Labor Organization address; City; State; Zip Code 1018 Central Ave Metairie, LA #200 70001	2,500. <sup>00</sup>
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/19/23	Edminster Hinshaw Russ & Associates EHRA Engineering ..... Corporation / Labor Organization address; City; State; Zip Code 10011 Meadowglen Houston, TX 77042	2,500. <sup>00</sup>
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/20/23	De Corp. ..... Corporation / Labor Organization address; City; State; Zip Code PO Box 22292 Houston, TX 77227	5,000. <sup>00</sup>
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/20/23	Kimley-Horn & Associates INC ..... Corporation / Labor Organization address; City; State; Zip Code 421 Fayetteville Raleigh, NC Street #600 27601	1,000. <sup>00</sup>
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/20/23	I dcus, Inc ..... Corporation / Labor Organization address; City; State; Zip Code 15915 Katy HOUSTON, TX Freeway #300 77094	1,000. <sup>00</sup>

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**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
9/21/23	Pape Dawn Engineers 6 Corporation / Labor Organization address; City; State; Zip Code 10350 Richmond Houston, TX Ave st. 200 77042	2,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/22/23	Transcend Engineers & Planners LLC 6 Corporation / Labor Organization address; City; State; Zip Code 23410 Grand #101 Houston, TX RESERVE DR 77494	1,000.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/22/23	Terracon 6 Corporation / Labor Organization address; City; State; Zip Code 10841 S. Ridgeview Olath, Rd KS 66061	1,000.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/23/23	KCI Technologies INC 6 Corporation / Labor Organization address; City; State; Zip Code 936 Ridgebrook Sparks, Road MD 21152	2,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/29/23	Binky Barfield 6 Corporation / Labor Organization address; City; State; Zip Code 1710 Scamist DR. Houston, TX 77008	2,500.00

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**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
9/23/23	HV J Associates INC 6 Corporation / Labor Organization address; City; State; Zip Code 6120 S. Dairy Ashford Houston, TX 77072	500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/2/23	Cobb Fendley Corporation / Labor Organization address; City; State; Zip Code 13430 Northwest Freeway #1100 Houston, TX 77040	2,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/4/23	JNS Engineers LLC Corporation / Labor Organization address; City; State; Zip Code 722 Pin Oak Katy, TX Road #202A 77494	2,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/4/23	Tedsi Infrastructure Group INC Corporation / Labor Organization address; City; State; Zip Code 1201 East HWY Mission, TX Interstate 2 78572	2,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/5/23	IDS Engineering Group INC Corporation / Labor Organization address; City; State; Zip Code 13430 Northwest Freeway #700 Houston, TX 77040	5,000.00

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**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

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 C1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of contribution (\$)

10/10/23

Bowman Consulting Group LTD

3,500<sup>00</sup>

6 Corporation / Labor Organization address; City; State; Zip Code

12355 Sunrise Valley #520 Reston, VA 20191

Date

Corporation / Labor Organization name

Amount of contribution (\$)

10/10/23

Aguirre + Fields LP

2,500<sup>00</sup>

Corporation / Labor Organization address; City; State; Zip Code

7215 New Territory Blvd #100 Sugar Land, TX 77479

Date

Corporation / Labor Organization name

Amount of contribution (\$)

10/12/23

Half Associates INC

5,000<sup>00</sup>

Corporation / Labor Organization address; City; State; Zip Code

1201 N. Bowser Rd Richard-SON, TX 75081

Date

Corporation / Labor Organization name

Amount of contribution (\$)

10/12/23

WSB

2,500<sup>00</sup>

Corporation / Labor Organization address; City; State; Zip Code

6200 Savoy Dr Houston, TX 77036 #1250 TX

Date

Corporation / Labor Organization name

Amount of contribution (\$)

10/12/23

Zarinkel Engineering SVS

500<sup>00</sup>

Corporation / Labor Organization address; City; State; Zip Code

617 Caroline Street Houston, TX 77002

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**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
10/13/23	LJA Engineering INC 3600 West Sam Houston, TX Houston Pkwy South 77042	5,000.00
6 Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/16/23	Geoscience Engineering & Testing INC 405 East 20th Street Houston, TX 77008	2,500.00
6 Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/17/23	McDonough Engineering Corporation 5025 Schumacher LN Houston, TX 77057	1,000.00
6 Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/24/23	Woolpert INC 4454 Idea Center Dr. OH Dayton, OH 45430	2,500.00
6 Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/25/23	B22 Engineering LLC PO Box 2724 McAllen, TX 78502	2,500.00
6 Corporation / Labor Organization address; City; State; Zip Code		

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**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
10/27/23	RGT Miller Engineers Corporation / Labor Organization address; City; State; Zip Code 16340 Park Ten Houston, TX 77084 Place #350	2,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
10/27/23	Neel - Schaffer Corporation / Labor Organization address; City; State; Zip Code PO BOX 22625 Jackson, MS 39225	1,000.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	

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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>3</b>	2 FILER NAME <b>Waller County Roads Now</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/11/23</b>	5 Payee name <b>CD+P</b>	
6 Amount (\$) <b>2,025.00</b>	7 Payee address; City; State; Zip Code <b>PO Box 5459 Austin, TX 78763</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>community impact news ad</b>
	(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
Date <b>10/20/23</b>	Payee name <b>CD+P</b>	
Amount (\$) <b>361.65</b>	Payee address; City; State; Zip Code <b>PO Box 5459 Austin, TX 78763</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>The Waller Times ad</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/21/23</b>	Payee name <b>CD+P</b>	
Amount (\$) <b>2,040.00</b>	Payee address; City; State; Zip Code <b>PO Box 5459 Austin, TX 78763</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>spectrum Reach Advertisement</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/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	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Waller County Roads Now	3 Filer ID (Ethics Commission Filers)
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4 Date 10/12/23	5 Payee name Advocacy Architects
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6 Amount (\$) 12,895.00	7 Payee address; 112 Renaissance Cir Mauldin, SC	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(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 10/22/23	Payee name TSC Tractor Supply CO
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Amount (\$) 104.94	Payee address; 27400 Tomball Pkwy Tomball, TX	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description materials for signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date 10/24/23	Payee name CD + P
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Amount (\$) 6,218.91	Payee address; 2233 W. NORTH LOOP	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description THOMAS GRAPHICS MAILINGS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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/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	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Waller County Roads Now	3 Filer ID (Ethics Commission Filers)
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4 Date 10/30/23	5 Payee name Brookshire Hardware
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6 Amount (\$) 18.39	7 Payee address; 907 COOPER ST. Brookshire, TX 77423
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Materials for 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date	Payee name
------	------------

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