

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:

47

3 COMMITTEE NAME

Committee to Elect Trey Duhon Waller County Judge

OFFICE USE ONLY

Date Received

Waller Co. Elections
JAN 15 2025
RECEIVED

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Po Box 640 Waller TX 77484

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS MRS MR

FIRST

MI

Lisa

NICKNAME

LAST

SUFFIX

Duhon

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

Po Box 640 Waller TX 77484

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Po Box 640 Waller TX 77484

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 770-2994

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

7 / 1 / 24

THROUGH

Month Day Year

12 / 31 / 24

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Committee to Elect Trey Duhon Walter County Judge 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)

CANDIDATE
 OFFICEHOLDER
 MEASURE

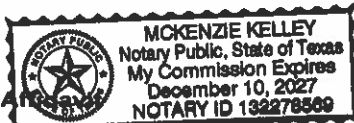
SUPPORT (Candidate or Measure)
 OPPOSE (Candidate or Measure)
 ASSIST (Officeholder)

CANDIDATE / OFFICEHOLDER NAME
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>61,500</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>25,095.58</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>60783.50</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.

Lisa Duhon
Signature of Campaign Treasurer (Declarant)



Please complete either option below:

(1) AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa Duhon, this the 15th day of January, 2025, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
McKenzie Kelley 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 Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME <i>Committee to Elect Trey DeLeon Waller County Judge</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 61,500
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 13,106.56
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 25,095.58
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> 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:

1 of 12

2 FILER NAME

Committee to Elect Trey Duben Walker Co. Judge

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/24

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

Russell + Rachael Walker

7 Amount of contribution (\$)

\$ 1000

6 Contributor address; City; State; Zip Code

107 Cinnamon Oak Ln Houston TX 77079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/7/24

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

Steven Ward

Amount of contribution (\$)

\$ 1500

Contributor address; City; State; Zip Code

318 Patchester Pr Houston TX 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/24

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

David Wolff Investments

Amount of contribution (\$)

\$ 1500

Contributor address; City; State; Zip Code

20 Briar Hollow Ln Houston TX 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/24

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

Michael Cox

Amount of contribution (\$)

\$ 1500

Contributor address; City; State; Zip Code

5005 Riverway Dr
Ste #500 Houston TX 77056

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2 of 12</i>
2 FILER NAME		3 Filer ID (Ethics/Commission Filers)
4 Date <i>11/4/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>The Muller Law Group PLLC</i> <hr/> 6 Contributor address; City; State; Zip Code <i>202 Century Square Blvd Sugar Land TX 77478</i>	7 Amount of contribution (\$) <i>\$1500</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/7/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Heather Nguyen + Shawn Taher</i> <hr/> Contributor address; City; State; Zip Code <i>806 Spear Point Cove Houston TX 77079</i>	Amount of contribution (\$) <i>\$1000</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>16/21/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David Patterson</i> <hr/> Contributor address; City; State; Zip Code <i>1710 Windy Brook Ln League City TX 77573</i>	Amount of contribution (\$) <i>\$750</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jay Sears</i> <hr/> Contributor address; City; State; Zip Code <i>8827 W. Sam Houston Pkwy Ste 200 Houston TX 77040</i>	Amount of contribution (\$) <i>\$1500</i>
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:

3 of 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

11/7/24

Kingshill Real Estate Services LLC

\$ 250

6 Contributor address; City; State; Zip Code

23302 Margerstadt Hackley TX 77447

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

10/11/24

Cale + Kendall Kobza

\$ 750

Contributor address; City; State; Zip Code

21 Lakeside Ln Hackley TX 77447

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

11/25/24

Allen Boone Humphries Robinson LLP

\$ 1500

Contributor address; City; State; Zip Code

3200 Southwest Fwy Ste 2600 Houston TX 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

11/12/24

Daniel McCormack

\$ 750

Contributor address; City; State; Zip Code

1303 Campbell Rd Houston TX 77055

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrance Hlavinka <hr/> 6 Contributor address; City; State; Zip Code Po Box 1188 East Bernard TX 77435	7 Amount of contribution (\$) # 750
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter + Susan Houghton <hr/> Contributor address; City; State; Zip Code _____	Amount of contribution (\$) # 750
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. Ewing King <hr/> Contributor address; City; State; Zip Code 1900 W Loop So. Ste 1250 Houston TX 77027	Amount of contribution (\$) # 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian + Diane Kinghill <hr/> Contributor address; City; State; Zip Code 23302 Margerstadt Hackley TX 77447	Amount of contribution (\$) # 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz Page Harding LLP 6 Contributor address; City; State; Zip Code 1300 Post Oak Ste 2400 Houston TX 77056	7 Amount of contribution (\$) \$ 1500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TNP PAC Contributor address; City; State; Zip Code 5237 N. Riverside Dr Fort Worth TX 76137 Ste 100	Amount of contribution (\$) \$ 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick + Esther Flores Contributor address; City; State; Zip Code 6027 Floyd St Houston TX 77007	Amount of contribution (\$) \$ 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue Brandon Fielder Collins + Mott LLP Contributor address; City; State; Zip Code 1235 N. Loop W Houston TX 77008 Ste 600	Amount of contribution (\$) \$ 750
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: <i>6 of 12</i>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/4/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David + Katherine Ambrose</i>	7 Amount of contribution (\$) <i>\$1,500</i>
6 Contributor address; City; State; Zip Code <i>23240 Margerstadt Rd Hockley TX 77447</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/7/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pamela Andrus</i>	Amount of contribution (\$) <i>\$750</i>
Contributor address; City; State; Zip Code <i>35 Lazy Oaks Ln Hockley TX 77447</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/5/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott + Lindsay Aronstein</i>	Amount of contribution (\$) <i>\$1500</i>
Contributor address; City; State; Zip Code <i>2511 Reba Dr Houston TX 77019</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/24/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Signorelli</i>	Amount of contribution (\$) <i>\$1000</i>
Contributor address; City; State; Zip Code <i>1401 Woodlands The Parkway Woodlands TX 77380</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

7/23/24

Ranney + Linda McDonough

6 Contributor address; City; State; Zip Code

3 Pin Oak Estates Dr Bellaire TX 77401

\$1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

8/29/24

Ahmed Valdez

Contributor address; City; State; Zip Code

15310 Skyhill Dr Cypress TX 77433

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

10/8/24

Pfeffer Family Ltd Partnership

Contributor address; City; State; Zip Code

800 Bering Dr Ste 350 Houston TX 77057

\$1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

11/7/24

Steren + Marci Alvis

Contributor address; City; State; Zip Code

8827 W. Sam Houston Pkwy Ste 200 Houston TX 77040

\$6000

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:

8 of 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

11/11/24

Gene StALL

1,000.00

6 Contributor address;

City;

State;

Zip Code

23118 Two Harbor Science Katy TX 77494

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/3/24

Brend Tucker

1,500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 2822 Houston TX 77252

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/15/24

Kelley Dr. Donna H. Youngs

5,000.00

Contributor address;

City;

State;

Zip Code

3311 Delmonte Dr. Houston TX 77019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/5/24

Raba-Kistner PAC

1,000.00

Contributor address;

City;

State;

Zip Code

P.O. Box 690287 San Antonio TX 78269

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: 9 of 12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Responsible Gov. PAC	7 Amount of contribution (\$) 1,500.00
6 Contributor address; City; State; Zip Code 5005 Rineaway Houston TX 77056		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDS Engineering Group PAC	Amount of contribution (\$) 750.00
Contributor address; City; State; Zip Code 13430 W.W Freeway Houston TX 77040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D. Santasiere	Amount of contribution (\$) 1,500.00
Contributor address; City; State; Zip Code 16 East Broad Oak Houston TX 77090		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter de Joyce SASS	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 2707 Actuarial Lake Katy TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 10/15/24 Timothy J Phelan	7 Amount of contribution (\$) 1500.00
	6 Contributor address; City; State; Zip Code 32804 Greox Park Waller TX 77484	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 10/17/24 Glenn Plowman	Amount of contribution (\$) 1500.00
	Contributor address; City; State; Zip Code PO. Box 649 Smarton TX 77476	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 11/4/24 Dave Ramsey	Amount of contribution (\$) 1,000.00 2500.00
	Contributor address; City; State; Zip Code 410 Wottingham Oaks Houston TX 77042	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 10/17/24 EHRA Engineering Pac	Amount of contribution (\$) 2500.00
	Contributor address; City; State; Zip Code 10011 meadowglen Ln. Houston TX 77042	
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: <i>11 of 12</i>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/7/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Brian Beyer</i>	7 Amount of contribution (\$) <i>2500.00</i>
6 Contributor address; City; State; Zip Code <i>6403B Westcott St. Houston TX 77007</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/12/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Home-Pac CIBA</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>9511 W. Sam Houston Houston TX 77064</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/1/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Kent Brannector</i>	Amount of contribution (\$) <i>1500.00</i>
Contributor address; City; State; Zip Code <i>303 W. Airlee Lake Sugar Land TX 77478</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/7/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DEC PAC</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>1 Greenway Park Houston TX 77046</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins Real Estate Holdings LLC	7 Amount of contribution (\$) \$750
6 Contributor address; City; State; Zip Code 27879 Krezdom Rd Heckley TX 77447		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson + Franco LLC	Amount of contribution (\$) \$1500
Contributor address; City; State; Zip Code 1100 Richardson Ave Ste 350 Houston TX 77042		
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)
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.

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: <i>1 of 1</i>	
2 FILER		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
<i>11/7/24</i>	<i>The Clubs at Houston Oaks</i> <i>Steve Alvis</i>	<i>\$6,051.73</i>	<i>food/beverage for fundraising dinner</i>
	7 Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<i>22602 Heger Rd Hockley TX 77447</i>			
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
<i>11/7/24</i>	<i>Allen Boone Humphries Robinson LLP</i>	<i>1000000</i> <i>\$7054.83</i>	<i>food/beverage signage, phone calls, invite list, organized event</i>
	Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<i>3200 SW Fwy #2600 Houston TX 77027</i>			
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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.

1 Total pages Schedule F1: 1 of 31	2 FILER'S NAME: Committee to Elect Trey Duhon Waller Co Judge	3 Filer ID (Ethics Commission Filers)
4 Date: 10/9/24	5 Payee name: Hempstead Seafood	
6 Amount (\$): 22.00	7 Payee address; City; State; Zip Code: 246 Cottonwood Hempstead TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Food/Beverage	(b) Description: Campaign mtg
	(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: 10/15/24	Payee name: Costco		
Amount (\$): 217.06	Payee address; City; State; Zip Code: 26960 NW Freeway Cypress TX 77433		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description: Gift baskets for employee luncheon	
	(c) <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: 10/15/24	Payee name: South Central Texas Cow Calf Clinic		
Amount (\$): 100.00	Payee address; City; State; Zip Code: 1305 E. Bluebell Rd #104 Brenham TX 77833		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Donation	Description: donation	
	(c) <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	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: 2 of 31		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 10/29/24		5 Payee name: Westin Austin at the Domain			
6 Amount (\$): 203.47		7 Payee address; 11301 Domain Dr		City; State; Zip Code: Austin TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Travel Out of District		(b) Description: TAKSR		
	(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: 10/30/24		Payee name: Classic Events Cafe			
Amount (\$): 55.39		Payee address; 615 US 290		City; State; Zip Code: Heurstead TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food / Beverage		Description: Lunch with Robert Pechukas		
	<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: 10/31/24		Payee name: Heurstead Seafood			
Amount (\$): 21.22 21.22		Payee address; 246 Cottonwood		City; State; Zip Code: Heurstead TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food / beverage		Description: Campaign mtg		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	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: 3 of 31	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 12/20/24	5 Payee name Joe's Italian	
6 Amount (\$) 79.41	7 Payee address; City; State; Zip Code 260 Cottonwood Hempstead TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Exp	(b) Description Campaign mtg
	(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 12/20/24	Payee name Brookshire Brothers		
Amount (\$) 78.69	Payee address; City; State; Zip Code 300 US 290 Bus. Hempstead TX 77445		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Retirement party	
	<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 12/31/24	Payee name Prosperity Bank		
Amount (\$) 10.00	Payee address; City; State; Zip Code 1250 Austin St Hempstead TX 77445		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description banking	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | 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: <i>4 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/16/24</i>	5 Payee name <i>Bever's Kitchen</i>	
6 Amount (\$) <i>87.35</i>	7 Payee address; City; State; Zip Code <i>5162 Main St Chappell Hill TX 77426</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <i>Xmas staff lunch</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/16/24</i>	Payee name <i>Hudson House</i>	
Amount (\$) <i>207.30</i>	Payee address; City; State; Zip Code <i>1964 W.Gray St Houston TX 77019</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <i>Campaign meeting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/19/24</i>	Payee name <i>DiTorio Farms</i>	
Amount (\$) <i>6.50</i>	Payee address; City; State; Zip Code <i>750 US 290 Bus Haysstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <i>Flowers for retirement party</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: <u>5 of 31</u>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date: <u>12/10/24</u>	5 Payee name: <u>Amazon</u>	
6 Amount (\$): <u>45.44</u>	7 Payee address; City; State; Zip Code <u>410 Terry Ave N Seattle WA 98109</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Exp.</u>	(b) Description <u>Xmas decor for annex</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date: <u>12/10/24</u>	Payee name: <u>Amazon</u>		
Amount (\$): <u>24.89</u>	Payee address; City; State; Zip Code <u>410 Terry Ave N Seattle WA 98109</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Exp.</u>	Description <u>Xmas decor for annex</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date: <u>12/10/24</u>	Payee name: <u>Walmart</u>		
Amount (\$): <u>46.39</u>	Payee address; City; State; Zip Code <u>625 Hwy 290 E Hempstead TX 77445</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Exp</u>	Description <u>Xmas decor for annex</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Expense	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: <i>6 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/9/24</i>	5 Payee name <i>Old Washington Storage</i>	
6 Amount (\$) <i>95.00</i>	7 Payee address; City; State; Zip Code <i>31207 Old Washington Waller TX 77484</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Rental Exp.</i>	(b) Description <i>Storage - Signs/posts</i>
	(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 <i>12/10/24</i>	Payee name <i>Postino Cinco Ranch</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>23501 Cinco Ranch Blvd Katy TX 77494 Unit D100</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift</i>	Description <i>Staff xmas gift</i>
	<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 <i>12/10/24</i>	Payee name <i>Kendra Scott</i>	
Amount (\$) <i>113.67</i>	Payee address; City; State; Zip Code <i>23501 Cinco Ranch Katy TX 77494 D130</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift</i>	Description <i>Staff xmas gift</i>
	<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

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)

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|--|-------------------------------|--------------------------------|--|
| 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: 7 of 31	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date: 12/3/24	5 Payee name: Specs
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6 Amount (\$): 236.60	7 Payee address; 14315 Roschill Rd Cypress TX 77429	City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Exp	(b) Description: Prizes for upcoming tournament/fund raiser
	(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: 12/4/24	Payee name: CVS
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Amount (\$): 425.00	Payee address; 31013 FM 2920 Waller Tx 77484	City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Exp/Gifts	Description: Gift cards for xmas luncheon
	<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: 12/5/24	Payee name: Zipp's Liquor
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Amount (\$): 340.94	Payee address; 355 US 290 Bus. Hempstead TX 77445	City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Exp.	Description: Prizes for upcoming tournament/fundraiser
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	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: <i>8 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/3/24</i>	5 Payee name <i>Simply Storage</i>	
6 Amount (\$) <i>65.00</i>	7 Payee address; City; State; Zip Code <i>1110 Austin St Haysstead TX 77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Rental Exp</i>	(b) Description <i>Storage</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/30/24</i>	Payee name <i>Prosperity Bank</i>	
Amount (\$) <i>10.00</i>	Payee address; City; State; Zip Code <i>1250 Austin St Haysstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>banking</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/3/24</i>	Payee name <i>Ducks Unlimited</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>4974 Central Ave Monroe LA 71203</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Sponsorship for local event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | 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: <i>9 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/24</i>	5 Payee name <i>Costco</i>	
6 Amount (\$) <i>282.45</i>	7 Payee address; City; State; Zip Code <i>26960 NW Freeway Cypress TX 7433</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>County Employee Xmas luncheon gifts</i>
	(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 <i>11/25/24</i>	Payee name <i>Texas Against High Speed Rail</i>		
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>Po Box 245 Jewett TX 75846</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Sponsorship</i>	
	(c) <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 <i>11/26/24</i>	Payee name <i>Amazon</i>		
Amount (\$) <i>38.49</i>	Payee address; City; State; Zip Code <i>410 Terry Ave N Seattle WA 98109</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Exp</i>	Description <i>Decorations for annex Xmas tree</i>	
	(c) <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | 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: <i>10 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/24</i>	5 Payee name <i>Cindy Jones</i>	
6 Amount (\$) <i>111.31</i>	7 Payee address; City; State; Zip Code <i>425 FM 1488 Hempstead TX 77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense</i>	(b) Description <i>reimbursement for Halloween</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/15/24</i>	Payee name <i>Jimmy Pappas Memorial Shoot</i>		
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>1257 Fries Rd Houston TX 77055</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Sponsorship</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>11/18/24</i>	Payee name <i>SBEC Golf Tournament</i>		
Amount (\$) <i>550.00</i>	Payee address; City; State; Zip Code <i>29244 FM 1488 Waller TX 77484</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donations</i>	Description <i>Sponsorship</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | 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: <i>11 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/8/24</i>	5 Payee name <i>Heupstead Lions Club</i>	
6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>945 12th St Heupstead TX 77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(b) Description <i>sponsor for pancake supper</i>
	(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 <i>11/12/24</i>	Payee name <i>Old Washington Storage</i>		
Amount (\$) <i>95.00</i>	Payee address; City; State; Zip Code <i>31207 Old Washington Waller TX 77484</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rental Exp.</i>	Description <i>Storage</i>	
	(c) <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 <i>11/12/24</i>	Payee name <i>Danny Dietz Navy Seal Foundation</i>		
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>Po Box 491 Simonton TX 77476</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>sponsorship</i>	
	(c) <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	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: <i>12 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11/4/24</i>	5 Payee name <i>Amazon</i>
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6 Amount (\$) <i>43.29</i>	7 Payee address; <i>410 Terry Ave NW</i>	City; <i>Seattle</i>	State; <i>WA</i>	Zip Code <i>98109</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event</i>	(b) Description <i>Thanksgiving decor for annex office</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/6/24</i>	Payee name <i>Simply Storage</i>
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Amount (\$) <i>65.00</i>	Payee address; <i>1110 Austin St</i>	City; <i>Heupstead</i>	State; <i>TX</i>	Zip Code <i>77445</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rental</i>	Description <i>Storage</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/7/24</i>	Payee name <i>Carbett J Duban III</i>
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Amount (\$) <i>270.87</i>	Payee address; <i>Po Box 640</i>	City; <i>Waller</i>	State; <i>TX</i>	Zip Code <i>77484</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Reimbursement</i>	Description <i>Christmas decorations for annex</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 13 of 31	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/28/24	5 Payee name Tiny Boxwoods
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6 Amount (\$) 64.24	7 Payee address; City; State; Zip Code 1503 W. 35th St Austin TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description TAHSR Meeting
	(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 10/28/24	Payee name Residence Inn
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Amount (\$) 382.50	Payee address; City; State; Zip Code 625 Commercial Lt Bldg 2 San Marcos TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description Fall Judicial Conference
	<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 10/28/24	Payee name PF Chang's
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Amount (\$) 83.19	Payee address; City; State; Zip Code 2982 Cold Springs Dr New Braunfels TX 78130
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Fall Judicial Conference
	<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 | 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: <i>14 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/28/24</i>	5 Payee name <i>Jack + Ginger</i>
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6 Amount (\$) <i>68.47</i>	7 Payee address; <i>11500B Rock Rose Ave</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78758</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	(b) Description <i>TAHSR</i>
	(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 <i>10/28/24</i>	Payee name <i>Culinary Dropout</i>
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Amount (\$) <i>124.59</i>	Payee address; <i>11721 Rock Rose Ave</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78758</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	Description <i>TAHSR</i>
	<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 <i>10/28/24</i>	Payee name <i>Bakery Lorraine</i>
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Amount (\$) <i>43.78</i>	Payee address; <i>11600 Rock Rose Ave</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78758</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	Description <i>TAHSR</i>
	<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 | 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: 15 of 31	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/23/24	5 Payee name Clear Springs
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6 Amount (\$) 57.41	7 Payee address; 1622 Tx 46	City; New Braunfels	State; Tx	Zip Code 78130
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description CJCA Conference
	(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 10/24/24	Payee name Schlotzskys #1153
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Amount (\$) 11.14	Payee address; 1037 S. Walnut Ave	City; New Braunfels	State; Tx	Zip Code 78130
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description CJCA Conference
	<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 10/24/24	Payee name The Gristmill
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Amount (\$) 168.10	Payee address; 1287 Gruene Rd	City; New Braunfels	State; Tx	Zip Code 78130
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description CJCA Conference
	<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
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.

1 Total pages Schedule F1: <i>16 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/16/24</i>	5 Payee name <i>Waller County Fair Assoc.</i>	
6 Amount (\$) <i>3000.00</i>	7 Payee address; City; State; Zip Code <i>21988 FM 359 Hempstead TX 77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(b) Description <i>Sponsorship</i>
	(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 <i>10/17/24</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>64.93</i>	Payee address; City; State; Zip Code <i>410 Terry Ave N Seattle WA 98109</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Halloween</i>
	<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 <i>10/21/24</i>	Payee name <i>Avenida North Garage</i>	
Amount (\$) <i>22.00</i>	Payee address; City; State; Zip Code <i>701 Avenida De las Americas Houston TX 77003</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel</i>	Description <i>Parking for TAG event</i>
	<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	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: 17 of 31		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 10/7/24		5 Payee name: Heupstead Commerce + Civic Assoc.			
6 Amount (\$): 600.00		7 Payee address: 733 12th St		City; State; Zip Code: Heupstead TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Donation		(b) Description: Sponsorship - Watermelon Festival		
	<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: 10/8/24		Payee name: Classic Events Cafe			
Amount (\$): 24.31		Payee address: 615 US 290		City; State; Zip Code: Heupstead TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food/Beverage		Description: Lunch with Cantrell		
	<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: 10/9/24		Payee name: Old Washington Storage			
Amount (\$): 95.00		Payee address: 31207 Old Washington		City; State; Zip Code: Waller TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Rental exp		Description: Storage		
	<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 | 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: <i>18 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/24/24</i>	5 Payee name <i>CVS</i>	
6 Amount (\$) <i>150.00</i>	7 Payee address; <i>9013 FM 2920</i>	City; State; Zip Code <i>Waller TX 77445</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Exp.</i>	(b) Description <i>Gift cards for door prizes</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/30/24</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>64.89</i>	Payee address; <i>410 Terry Ave N</i>	City; State; Zip Code <i>Seattle WA 98109</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Halloween costumes</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/3/24</i>	Payee name <i>Simply Storage</i>	
Amount (\$) <i>60.00</i>	Payee address; <i>1110 Austin St</i>	City; State; Zip Code <i>Heupstead TX 77445</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rental Exp</i>	Description <i>Storage - campaign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: <i>19 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/24</i>	5 Payee name <i>Perky Beans Coffee + PB Cafe</i>	
6 Amount (\$) <i>85.72</i>	7 Payee address; City; State; Zip Code <i>2080 N U.S Hwy 183 Leander TX 78641</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	(b) Description <i>Lunch with consultant</i>
	(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 <i>9/16/24</i>	Payee name <i>City of Austin</i>	
Amount (\$) <i>2.25</i>	Payee address; City; State; Zip Code <i>301 W 2nd St Austin TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel</i>	Description <i>Parking</i>
	<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 <i>9/16/24</i>	Payee name <i>Danny Dietz Navy Seal Foundation</i>	
Amount (\$) <i>1600.00</i>	Payee address; City; State; Zip Code <i>Po Box 491 Simonton TX 77476</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Sponsorship</i>
	<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 | 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: <i>20 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/9/24</i>	5 Payee name <i>Old Washington Storage</i>	
6 Amount (\$) <i>95.00</i>	7 Payee address; City; State; Zip Code <i>31207 Old Washington Waller TX 77484</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Rental</i>	(b) Description <i>Storage Expense</i>
	(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 <i>9/9/24</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>95.14</i>	Payee address; City; State; Zip Code <i>410 Terry Ave N Seattle WA 98109</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Halloween Decorations</i>
	<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 <i>9/11/24</i>	Payee name <i>Waller County Fair Assoc.</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>21988 FM 359 Hempstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Sponsorship</i>
	<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

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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: 21 of 31	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8/26/24	5 Payee name Texas Secretary of State	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 1019 Brazos St Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Research on HSR entities
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/28/24	Payee name Amazon	
Amount (\$) 61.22	Payee address; City; State; Zip Code 410 Terry Ave N Seattle WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/5/24	Payee name Simply Storage	
Amount (\$) 65.00	Payee address; City; State; Zip Code 1110 Austin St Hempstead TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental	Description Storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: <i>22 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/22/24</i>	5 Payee name <i>Classic Events Cafe</i>	
6 Amount (\$) <i>48.64</i>	7 Payee address; <i>615 us 290</i>	City; State; Zip Code <i>Heppstead TX 77445</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	(b) Description <i>Lunch with Peckukas</i>
	(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 <i>8/23/24</i>	Payee name <i>CD Liqueor</i>		
Amount (\$) <i>1300.00</i>	Payee address; <i>6713 FM 359</i>	City; State; Zip Code <i>Brookshire TX 77423</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Prizes for charity golf tournament - donated</i>	
	<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 <i>8/21/24</i>	Payee name <i>Zipp's Liqueor</i>		
Amount (\$) <i>263.94</i>	Payee address; <i>355 us 290 Bus.</i>	City; State; Zip Code <i>Heppstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Prize for charity golf tournament - donated</i>	
	<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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: 23 of 31	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8/9/24	5 Payee name Old Washington Storage	
6 Amount (\$) 95.00	7 Payee address; City; State; Zip Code 31207 Old Washington Rd Waller TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental exp.	(b) Description Storage
	(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 8/12/24	Payee name Friends of the NRA		
Amount (\$) 1200.00	Payee address; City; State; Zip Code 22892 Meck Washington Hempstead TX 77445		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Sponsorship	
	<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 8/10/24	Payee name Friends of the NRA		
Amount (\$) 1820.00	Payee address; City; State; Zip Code 22892 Meck Washington Hempstead TX 77445		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Sponsorship	
	<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

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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 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: <i>29 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/5/24</i>	5 Payee name <i>Classic Events Cafe</i>	
6 Amount (\$) <i>156.00</i>	7 Payee address; <i>615 US 290</i>	City; State; Zip Code <i>Heupstead TX 77445</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <i>Lunch for WCSO</i>
	(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 <i>8/5/24</i>	Payee name <i>Horseshoe Ice House</i>	
Amount (\$) <i>53.75</i>	Payee address; <i>223 us Bus 290</i>	City; State; Zip Code <i>Heupstead TX 77445</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <i>Campaign mtg</i>
	<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 <i>8/2/24</i>	Payee name <i>Walker Area Chamber of Commerce</i>	
Amount (\$) <i>250.00</i>	Payee address; <i>1110 Farr St</i>	City; State; Zip Code <i>Walker TX 77484</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>	Description <i>Bingo sponsor</i>
	<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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: <i>25 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/31/24</i>	5 Payee name <i>Prosperity Bank</i>	
6 Amount (\$) <i>10.00</i>	7 Payee address; City; State; Zip Code <i>1250 Austin St Hempstead TX 77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <i>banking</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/2/24</i>	Payee name <i>Simply Storage</i>	
Amount (\$) <i>195.00</i>	Payee address; City; State; Zip Code <i>1110 Austin St Hempstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rental exp</i>	Description <i>Storage - Campaign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/2/24</i>	Payee name Grand <i>Grand Liquor #13</i>	
Amount (\$) <i>1703.60</i>	Payee address; City; State; Zip Code <i>5430 FM 359 Brookshire TX 77423</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Golf tournament prize - donated to WCC</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: <i>26 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/19/24</i>	5 Payee name <i>Costco Gas</i>	
6 Amount (\$) <i>43.45</i>	7 Payee address; <i>4601 183A</i>	City; State; Zip Code <i>Cedar Park TX 78613</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel out of district</i>	(b) Description <i>meeting w/ consultant + TCDRS conference</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>7/19/24</i>	Payee name <i>Renaissance Hotel</i>		
Amount (\$) <i>19.00</i>	Payee address; <i>9721 Arboretum Blvd</i>	City; State; Zip Code <i>Austin TX 78759</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <i>Meeting w/ consultant</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>7/26/24</i>	Payee name <i>Pizza Hut</i>		
Amount (\$) <i>69.39</i>	Payee address; <i>637 Hwy 290</i>	City; State; Zip Code <i>Hempstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <i>Comm. Court mtg</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
<i>27 of 31</i>		
4 Date	5 Payee name	
<i>7/15/24</i>	<i>Walker County Crimestoppers</i>	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
<i>500.00</i>	<i>100 R Glenn Smith Dr</i>	<i>Hempstead TX 77445</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Donation</i>	<i>Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
<i>7/18/24</i>	<i>Blue Sushi</i>		
Amount (\$)	Payee address;	City;	State; Zip Code
<i>128.09</i>	<i>11410 Century Oaks Terrace</i>	<i>Austin</i>	<i>TX 78758</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>Food / Beverage</i>	<i>TCDRS conference</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
<i>7/19/24</i>	<i>Chuy's</i>		
Amount (\$)	Payee address;	City;	State; Zip Code
<i>141.59</i>	<i>4911 183A</i>	<i>Cedar Park</i>	<i>TX 78613</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>Food / Beverage</i>	<i>TCDRS conference</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: <i>28 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/24/24</i>	5 Payee name <i>Amazon</i>	
6 Amount (\$) <i>92.22</i>	7 Payee address; <i>410 Terry Ave N</i>	City; State; Zip Code <i>Seattle WA 98109</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event</i>	(b) Description <i>Halloween costume</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/25/24</i>	Payee name <i>Starbucks</i>	
Amount (\$) <i>11.09</i>	Payee address; City; State; Zip Code <i>3939 I-35 N Frontage Rd San Marcos TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	Description <i>Judicial Conference</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/25/24</i>	Payee name <i>Dogwood Bar and Restaurant</i>	
Amount (\$) <i>26.40</i>	Payee address; City; State; Zip Code <i>11420 Rock Rose St (30) Austin TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	Description <i>TAHSR</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: 29 of 31	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 7/9/24	5 Payee name Shell
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6 Amount (\$) 19.75	7 Payee address; 1945 fm 1488	City; Hempstead	State; TX	Zip Code 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel out of district	(b) Description Meeting w/ consultant
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/15/24	Payee name Old Washington Storage
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Amount (\$) 190.00	Payee address; 31207 Old Washington Rd Waller TX	City; TX	State; TX	Zip Code 77484
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental exp.	Description Storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/15/24	Payee name H-E-B #656
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Amount (\$) 54.86	Payee address; 28550 us 290	City; Cypress	State; TX	Zip Code 77433
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description cake for retirement party
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | 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: <i>30 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/3/24</i>	5 Payee name <i>Las Fuentes Mexican</i>
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6 Amount (\$) <i>50.88</i>	7 Payee address; City; State; Zip Code <i>601 10th St Hempstead TX 77445</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <i>Campaign meeting</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/5/24</i>	Payee name <i>Walmart</i>
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Amount (\$) <i>133.37</i>	Payee address; City; State; Zip Code <i>625 Hwy 290 E Hempstead TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Decorations for July 4th parade</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/5/24</i>	Payee name <i>Dollar General</i>
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Amount (\$) <i>20.57</i>	Payee address; City; State; Zip Code <i>485 US 290 Bus Hempstead TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Candy for July 4th parade</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <i>31 of 31</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/31/24</i>	5 Payee name <i>Carbett J Duhan</i>
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6 Amount (\$) <i>\$5058</i>	7 Payee address; <i>No Box 640</i>	City; <i>Waller</i>	State; <i>TX</i>	Zip Code <i>77484</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Reimbursement for candidate expenses</i>	(b) Description <i>1/2 of \$10,114.41 owed for 2024</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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