

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Kyle

P

NICKNAME

LAST

SUFFIX

George

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 18711

Sugar Land

TX

77496

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

589 2256

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Diane

E

NICKNAME

LAST

SUFFIX

Eckols

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2111 Park View Lane

Missouri City

TX

77459

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

591 1709

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2023

THROUGH

06 / 30 / 2023

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

Other Description

General

Special

Semi Annual Report

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Judge

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

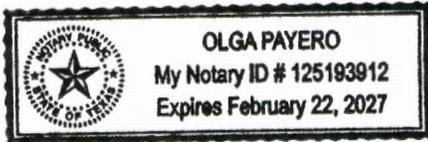
15 C/OH NAME <u>Kyle P. George</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>65,879⁸⁵</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>28,117⁵¹</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>37,762³⁴</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

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

Kyle P. George
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kyle P. George this the 27 day of July,

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

[Signature] Olga Payero Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65,879 ⁸⁵
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28,117 ⁵¹
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<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: <i>1/10</i>
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. A Chatriwala	7 Amount of contribution (\$) \$2,000
6 Contributor address; City; State; Zip Code 2506 Plantationcreek Ct. Missouri City TX 77459		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Vital	Amount of contribution (\$) \$2,500
Contributor address; City; State; Zip Code 3342 Prince George Dr. Friendswood TX 77546		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self employed
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel L. Boggio	Amount of contribution (\$) \$5,000
Contributor address; City; State; Zip Code Houston TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alliance PAC	Amount of contribution (\$) \$5,000
Contributor address; City; State; Zip Code 6200 Savoy Drive Houston TX 77036		
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) N/A
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: 2/10
2 FILER NAME Kyle P. George		3 Filer ID* (Ethics Commission Filers)
4 Date 2-3-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Marshall	7 Amount of contribution (\$) \$14000
6 Contributor address; City; State; Zip Code 66 S. Palmeira Spring TX 77382		
8 Principal occupation / Job title (See Instructions) Business owner.		9 Employer (See Instructions) Self Employed.
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Matocha	Amount of contribution (\$) \$2500
Contributor address; City; State; Zip Code 1600 Hwy 6 S. Sugar Land TX 77478		
Principal occupation / Job title (See Instructions) Business owner - CEO		Employer (See Instructions) Stonehenge Com.
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Marten -	Amount of contribution (\$) \$2000
Contributor address; City; State; Zip Code 11603 Brittmore Houston TX 77041		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employer.
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul McCurdy	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code 201 Saddle Brook Tomball TX 77376		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employee.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/10
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 2-3-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Rhodes .	7 Amount of contribution (\$) \$ 1000
6 Contributor address; City; State; Zip Code 2422 Plantation Bend Sugar Land TX 77498		
8 Principal occupation / Job title (See Instructions) Engineer.		9 Employer (See Instructions) Self.
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C.C. Lee.	Amount of contribution (\$) \$ 1000 .
Contributor address; City; State; Zip Code 6001 Sandy Dr. Houston TX 77036		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) STOA
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Lamplsey.	Amount of contribution (\$) \$ 1000 .
Contributor address; City; State; Zip Code 3233 Prospect - Houston TX 77004		
Principal occupation / Job title (See Instructions) Project coordinator		Employer (See Instructions)
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lizanne Turner	Amount of contribution (\$) \$ 1000 .
Contributor address; City; State; Zip Code P.O. Box 481- Stafford TX 77477		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) Kaluza Inc.

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: 4/10
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 2.3.2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb Fendley PAE	7 Amount of contribution (\$) \$ 1000 .
6 Contributor address; City; State; Zip Code 13430 Northwest Hwy Houston TX 77040		
8 Principal occupation / Job title (See Instructions) PAE		9 Employer (See Instructions)
Date 2.3.2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Carter	Amount of contribution (\$) \$1000 .
Contributor address; City; State; Zip Code 4900 Florence Bellaire TX 77401		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employer .
Date 2.3.2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham Sustaita	Amount of contribution (\$) \$ 500 .
Contributor address; City; State; Zip Code 13926 Emerald Forest Sugar Land TX 77498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handling Payne Schwartz	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 1300 Post Oak Houston TX 77056		
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: 5/10
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 2-3-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Brown	7 Amount of contribution (\$) \$ 500
6 Contributor address; City; State; Zip Code 3745 Drake Houston TX 77005		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hamilton	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 12315 Woodthorpe Houston TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Smith	Amount of contribution (\$) \$ 100.
Contributor address; City; State; Zip Code 2539 Addison Houston TX 77030		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-8-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahman Moton	Amount of contribution (\$) \$ 500.
Contributor address; City; State; Zip Code P.O. Box 741964 Houston TX 77274		
Principal occupation / Job title (See Instructions) Bus. Owner		Employer (See Instructions) Self

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:

5/10

2 FILER NAME

Kyle P. George

3 Filer ID (Ethics Commission Filers)

4 Date

2-8-2023

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

Christopher Surface

7 Amount of contribution (\$)

\$ 500.

6 Contributor address; City; State; Zip Code

2118 Spruce College St TX 77640.

8 Principal occupation / Job title (See Instructions)

Operations MGR.

9 Employer (See Instructions)

Americus Holding.

Date

2-8-2023

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

Emey Assoc.

Amount of contribution (\$)

\$2500

Contributor address; City; State; Zip Code

2777 Allen Pkwy Houston TX 77060

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self employed.

Date

2-9-2023

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

John Whitmire Campaign

Amount of contribution (\$)

\$ 5000

Contributor address; City; State; Zip Code

321. W. Cowan Houston TX 77007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-10-2023

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

Jasmeeta Singh.

Amount of contribution (\$)

\$ 10000

Contributor address; City; State; Zip Code

12511 Still Harbour Houston TX 77041

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

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: 7/10
2 FILER NAME Kyle F. George		3 Filer ID (Ethics Commission Filers)
4 Date 3-15-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keep A Green in Congress	7 Amount of contribution (\$) \$1000.
6 Contributor address; City; State; Zip Code South Loop West Houston TX 77064		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-10-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Rice	Amount of contribution (\$) \$2000.
Contributor address; City; State; Zip Code Otton Terrace Sugarland TX 77478		
Principal occupation / Job title (See Instructions) Design & Construction		Employer (See Instructions) Principle
Date 4-10-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Rose Fulbright US LLP.	Amount of contribution (\$) \$2500.
Contributor address; City; State; Zip Code 1301 McKinney Houston TX 77010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drum Heller Holmystworth	Amount of contribution (\$) \$2089.21.
Contributor address; City; State; Zip Code Houston TX 77082		
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: 8/10
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 1-3-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerome Love	7 Amount of contribution (\$) \$ 300.
6 Contributor address; City; State; Zip Code 13609 Fountainmist. Pearland TX 77586		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-16-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John English -	Amount of contribution (\$) \$ 500.
Contributor address; City; State; Zip Code 7676 Hillmont Houston TX 77040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-30-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Barran	Amount of contribution (\$) \$ 10⁰⁰
Contributor address; City; State; Zip Code 4427 Amber Lane Sugar Land TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-5-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Moore	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code 4437 Venian Houston TX 77401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/10
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 2-6-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay Muñoz. 6 Contributor address; City; State; Zip Code 4234 Whitman Houston TX 77027	7 Amount of contribution (\$) \$ 500 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2-6-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Sullivan. Contributor address; City; State; Zip Code 4445 Hartsell Indian Rock FL 33785	Amount of contribution (\$) \$ 1000.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-28-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Barran. Contributor address; City; State; Zip Code 4127 Amber Trace Sugarland TX 77479	Amount of contribution (\$) \$ 10.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-30-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Barran Contributor address; City; State; Zip Code //	Amount of contribution (\$) \$ 10.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/10
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 4-30-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Barran	7 Amount of contribution (\$) \$ 10.
6 Contributor address; City; State; Zip Code Smyland TX 77479.		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 5-30-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Barran	Amount of contribution (\$) \$ 10.
Contributor address; City; State; Zip Code U U U U		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6-30-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Barran	Amount of contribution (\$) \$ 10
Contributor address; City; State; Zip Code U U U U		
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)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 140	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 1-6-2023	5 Payee name Kyle P. George	
6 Amount (\$) \$50,000	7 Payee address; City; State; Zip Code P.O Box. 18711 Sugarland TX 77496	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description
	(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 1-3-2023	Payee name Google Services.	
Amount (\$) \$63.96	Payee address; City; State; Zip Code 1600 Amphitheatre Mountain View CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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

Date 1-4-2023	Payee name Google Svc.	
Amount (\$) 14.00	Payee address; City; State; Zip Code 1600 Amphitheatre Mountainview CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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

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>2/10</i>	2 FILER NAME <i>Kyle P. George</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-12-2023</i>	5 Payee name <i>Frost Bank.</i>	
6 Amount (\$) <i>60⁰⁰</i>	7 Payee address; <i>Sugar Land.</i>	City; State; Zip Code <i>TX 77479.</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Bank Fee.</i>	(b) Description
	(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>1-17-2023</i>	Payee name <i>Taxal Patel</i>	
Amount (\$) <i>3000⁰⁰</i>	Payee address; City; State; Zip Code <i>Sugar Land TX 77479.</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Services.</i>	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

Date <i>1-20-2023</i>	Payee name <i>Vaskey media Group.</i>	
Amount (\$) <i>1500⁰⁰</i>	Payee address; City; State; Zip Code <i>7322 SW Fwy. Houston TX 77074</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Services</i>	Description <i>Voter outreach.</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: 3/10	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 1-20-2023	5 Payee name Strong Strategies LLC.	
6 Amount (\$) 9503.73	7 Payee address; PO Box 56386	City; State; Zip Code Houston TX 77256
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Svc	(b) Description Fundraising.
	(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 1-27-2023	Payee name Courtney Grigsby Consulting.	
Amount (\$) 2000.00	Payee address; 12938 Iris Garden	City; State; Zip Code Houston TX 77044
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Managing & Consulting.	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-1-2023	Payee name Google Services.	
Amount (\$) 77.95	Payee address; 1600 Amphitheater	City; State; Zip Code Mountainview CA
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising.	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 4/10	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 1-31-2023	5 Payee name Frost Bank	
6 Amount (\$) 5 ⁰⁰	7 Payee address; City; State; Zip Code Sugarland - TX - 77479.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Service charge	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-7-2023	Payee name Help Me Bookkeeper LLC.
Amount (\$) 240 ⁰⁰	Payee address; City; State; Zip Code 11920 Westheimer Houston TX 77077
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Bookkeeping
	<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 2-8-2023	Payee name Katherine Stovring
Amount (\$) 211 ⁸¹	Payee address; City; State; Zip Code 20603 Morning Creek Houston TX 77050
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Block Walking
	<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: 5/10	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 2-8-2023	5 Payee name Strong Strategies.	
6 Amount (\$) 3433.27	7 Payee address; PO Box 56386	City; State; Zip Code Houston TX 77256
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Consulting	(b) Description Fundraising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-13-2023	Payee name Hawland Clark Checks.	
Amount (\$) 33 ³⁵	Payee address; online order.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Business Checks.	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

Date 2-16-2023	Payee name LKNMG LLC.	
Amount (\$) 450 ⁰⁰	Payee address; 9605 Summer Breeze	City; State; Zip Code Pearland TX 77584
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Data research	Description Voter Data.
	<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)

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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 | 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: 6/10	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 3-1-2023	5 Payee name Google Services.	
6 Amount (\$) 78.14	7 Payee address; City; State; Zip Code 1600 Amphtheater Mountainview CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement.	(b) Description
	(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 3-21-2023	Payee name Angie Hanan For FBISD.
Amount (\$) 300.00	Payee address; City; State; Zip Code Sugar Land TX 77479.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Contribution
	<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 3-21-2023	Payee name Kyle P. George
Amount (\$) 30000.00	Payee address; City; State; Zip Code PO Box 18711 Richmenel TX 77469.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan repayment
	<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)

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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 | 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: 7/10	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 3-31-2023	5 Payee name Shirley Rose-William Campaigns	
6 Amount (\$) 300.00	7 Payee address; Missouri City	City; State; Zip Code TX 77459
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Contributions	
	(b) Description Campaign Contributions	
(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 3-31-2023	Payee name Frost Bank
Amount (\$) 10.00	Payee address; Sugar Land TX. 77479.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Service Charge
	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

Date 4-3-2023	Payee name Google Services
Amount (\$) 78.18	Payee address; 1600 Amphitheatre Mountainview CA.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisements
	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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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: 8/10	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 4-20-2023	5 Payee name Xavier Herrera Campaign	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code Stafford TX 77477.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Contributions	(b) Description
	(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 4-27-2023	Payee name AAPL		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 7719 Ehrhardt Ln Sugarland TX 77479.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Voter reach effort.	
	(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 5-24-2023	Payee name Gulf Coast Area Labor Federation		
Amount (\$) 5000.00	Payee address; City; State; Zip Code 2506 Sutherland St. Houston TX 77023		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad/Event sponsorship	Description	
	(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

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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)

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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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9/10	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 1-8-2023	5 Payee name Act blue.	
6 Amount (\$) 11.85	7 Payee address; 366 Summer	City; State; Zip Code Somerville MA 02144
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description
	(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 1-22-2023	Payee name Act Blue.	
Amount (\$) 19.75	Payee address; 366 Summer st	City; State; Zip Code Somerville MA. 02144.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	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

Date 2-5-2023	Payee name Act Blue.	
Amount (\$) 59.65	Payee address; 366 Summer st.	City; State; Zip Code Somerville MA 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	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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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: <i>10/10</i>	2 FILER NAME <i>Kyle P. George.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2.12.2023</i>	5 Payee name <i>Act Blue.</i>	
6 Amount (\$) <i>39.50</i>	7 Payee address; City; State; Zip Code <i>366 Summer St Somerville MA. 02144</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraising</i>	(b) Description
	(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>6-4-2023</i>	Payee name <i>Act Blue.</i>
Amount (\$) <i>2.00</i>	Payee address; City; State; Zip Code <i>366 Summer Street Somerville MA. 02144</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising</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>6-1-2023</i>	Payee name <i>Google Svc.</i>
Amount (\$) <i>\$325.83</i>	Payee address; City; State; Zip Code <i>1600 Amphitheater Mountain View CA</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad & other services.</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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