# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI  KYLE P	OFFICE USE ONLY  Date Received				
	NICKNAME LAST SUFFIX  GEORGE					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. O. BOX 18711 SUGAR LAND TX 77496	JUL 15 202				
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713 ) 589 2256	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$				
NAME	Mrs. DIANE E	Date Processed				
	NICKNAME LAST SUFFIX  ECKOLS	Date Imaged				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE				
TREASURER ADDRESS	2111 PARKVIEW LANE MISSOURI CITY	TX 77469				
(Residence or Business)						
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION					
TREASURER PHONE	(713) 591 1709					
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD	Month Day Year Month	Day Year				
COVERED	1 / 1 / 24 THROUGH 6	/ 30 / 24				
11 ELECTION	ELECTION DATE ELECTION TYPE	PE				
	Month Day Year Primary Runoff Other Description					
	General Special Semi-annua					
10 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if kno	um)				
12 OFFICE	County Judge County Judge	****				
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES	MADE BY POLITICAL COMMITTEES TO SUPPORT				
POLITICAL COMMITTEE(S)	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.					
OOMINIT TEE(O)	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
•	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
	GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME KP GEORGE CAMPA	AIGN	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS     PLEDGES, LOANS, OR GUARANTEES OF LOANS,     CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	\$ 268,766.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,639.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	\$ 488,453.40
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
(1) Affidavit	OLGA PAYERO My Notary ID # 125193912 Expires February 22, 2027	otion below:
		this the
20 24 to certify Signature of officer administe	which, witness my hand and seal of office.  Olga Payero	Notary Title of officer administering oath
Signature of officer administe	ring oath Printed name of officer administering oath	n This of Online administering Oath
(2) Unsworn Declaration		
My name is	, and my	date of birth is
		,,,,
	, ,	ity) (state) (zip code) (country)
Executed in	County, State of, on the	day of, 20 (year)
	Sigr	nature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	iler name e P. George	20 Filer ID (Ethics Cor	nmission Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 268,766.15
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	ns	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		\$ 5,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 20,639.66	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 2,414.75

#### SCHEDULE A1

sted information is not applicable, DO NOT include this page in the	report.
Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Kyle P. George	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:)  Brian Barran  6 Contributor address; City: State; Zip Code  4127 AmberTrace Ct Sugarland TX 17479	7 Amount of contribution (\$) \$10.
pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Full name of contributor	Amount of contribution (\$)
	\$10.00
	ons)
Full name of contributor out-of-state PAC (ID#:	F3,000, \$
bation / Job title (See Instructions) Employer (See Instructions)	ons)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	₱/O. °
	ons)
	EEDED
	Instruction Guide explains how to complete this form.   Cyle P. George

SCHEDULE A1

	The same of the sa		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
4/2024	Judy Harris		
912027	6 Contributor address; City; State; Zip Code	\$50,00	
	3226 Dandelian Dr Richman, TX 7746	9	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Ins		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
1111	Mustata Tamers		
4/4/24	Mustafa Tamees  Contributor address; City; State; Zip Code	\$2,500.00	
	10850 Richmond Ave Hustin, TX 77042		
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
11/2/-11	Rardy Rordermann		
4/3/24	Contributor address; City; State; Zip Code	F2,500, @	
	4860 James in Rulsher TX 77441	(7.35	
Principal occup	pation / Job title (See Instructions)  Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)	
1 1	Cris Feldman	_	
4121124	Contributor address; City; State; Zip Code	\$1,000.0	
1	3355 W Alabama St Hwstrn, TX 17098	3	
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)	
100			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED	
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/30/24	Byan Barran	4
11 1- /	6 Contributor address; City; State; Zip Code	₹10. ∞
	4127 AmbuTrct Sogarnol TX 77479	
8 Principal occi	upation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/29/24	Carlos Vittal	<b>5.5.</b> (5)
7/29/24	Contributor address; City; State; Zip Code	F2,500,00
	3342 Prince Gene Dr Frundswod, 1x 77546	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/24/24	Deepak Bhatt	CAN W
	Contributor address; City; State; Zip Code	\$500,6
	4918 Hillswick Dr Sugrland, TX 77479	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/23/24	Chao Chiunglee	
11-010-1	Contributor address; City; State; Zip Code	\$5,000. D
	6001 Savay Dr Hwston, TX 77036	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

SCHEDULE A1

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

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The Ins	struction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	Kyle P.Ge	eorge			3 Filer ID (Ethics Commission Filers)
4 Date 5	Full name of contributor	out-of-state PAC	C (ID#:	)	7 Amount of contribution (\$)
The second secon	Telfryn John Contributor address;	City;	State;	Zip Code	\$2,500,00
1	5430 brodland (ene	Cuerres.	TV.	77422	
8 Principal occupat	tion / Job title (See Instructions)	31.00/	9 Emp	loyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
5/2/24	John Chiang Contributor address;	City;	State;	Zip Code	\$1,000.0
19	600 W Loop South	Huuston,	TX	77027	
	on / Job title (See Instructions)			loyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
×1.1-11	Paul Bonnette				£0 - 0
5/1/24	Contributor address;	City;	State;	Zip Code	\$2,500,00
9	123 woodland st	Hwston,	TX	17009	
Principal occupation	on / Job title (See Instructions)		1	loyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
Ulanlau 1	an Brasio				
7100109	Contributor address;	City;	State;	Zip Code	\$10,000,00
11	1 Greenway Place	Hrushm,	X	77046	
Principal occupation	on / Job title (See Instructions)		Emp	loyer (See Instruct	ions)
	ATTACHADDIT	IONAL COPIES	OF THIS S	SCHEDULE AS N	EEDED

## SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
4/11/24	Randy Sparks 6 Contributor address; City; State; Zip Code 21020 Park Puw Dr Katy, 7X 77449	\$2,500,00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
4/11/24	Bobby Singh Contributor address; City; State; Zip Code	\$14.000 00	
111129		\$10,000.00	
	12571 Still Hobor Dr Hweten, TX 77041		
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
2/15/24	Tx. Associatin of Realtons PAC Contributor address; City; State; Zip Code POBOX 2248 Avshn, TX 78798	8/0,000.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)	
2.29 2024	FBC Leagal Fee yelmbursement.  City; State: Zip Code  Lichmend 72 77469.	12,021 15	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)	
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## SCHEDULE A1

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The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle 7. George	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/24	5 Full name of contributor out-of-state PAC (ID#:)  Mukhtar Owaus 6 Contributor address; City; State; Zip Code  W506 Tripple Ruhmend, TX 77407	7 Amount of contribution (\$)
8 Principal occ	supation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date 5/13/24	Full name of contributor out-of-state PAC (ID#:)  Jen Jennefer  Contributor address; City; State; Zip Code  24714 Blanc Dr Katy Tx 77493	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 5   13   24	Full name of contributor out-of-state PAC (ID#:)  Rahmet Mohamed  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$ 1,000, \infty
Principal occu	2219 Hermina Radler Dr Richmond, TX 77469  upation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 5/10/24	Full name of contributor out-of-state PAC (ID#:)  Muhammad Azız  Contributor address; City; State; Zip Code  860 Commerce St Hwston, TX 77007	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

#### SCHEDULE A1

if the requested information is not applicable, bo not include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)		
4 Date 5   15   24	5 Full name of contributor out-of-state PAC (ID#:)  Janet Dawson 6 Contributor address; City; State; Zip Code  431 Mistflum Dr Richmand, TX 77469	7 Amount of contribution (\$)		
8 Principal occu	spation / Job title (See Instructions)  9 Employer (See Instructions)	ions)		
Date 5   15   24	Full name of contributor out-of-state PAC (ID#:)  Char Ha Androus  Contributor address; City; State; Zip Code  9023 Cournant Gardns Hwshm, TX 77031	Amount of contribution (\$)  \$\P/00. \Pi\$		
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date 5   14   24  Principal occu	Full name of contributor out-of-state PAC (ID#:)  Nasnedda Rupan  Contributor address; City; State; Zip Code  190 Bellace Blvd Hinstin TX 17034  pation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  \$\Phi_1000, \infty\$  ions)		
Date 5   W   24	Full name of contributor out-of-state PAC (ID#:)  VICKIC HENKE!  Contributor address; City; State; Zip Code  8630 Wyndham Villax Hoothn, TX 77040	Amount of contribution (\$)  \$\\ \bigs\square, \omega \infty		
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 5/16/24	5 Full name of contributor   out-of-state PAC (ID#:)  Matt Glerden  6 Contributor address; City; State; Zip Code  HWStan, TX	7 Amount of contribution (\$)  \$\int_1 500, \ldots
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date 4/1/24	Full name of contributor out-of-state PAC (ID#:)  Satya Pilla Contributor address; City; State; Zip Code  4103 Oak BlossanC+ Hwstm, Tx 77059	Amount of contribution (\$)  \$5,00,00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 4/27/24	Full name of contributor out-of-state PAC (ID#:)  Gabriel Johnson  Contributor address; City; State; Zip Code  9407 freshingwelm Huskn, TX 77095	Amount of contribution (\$)  \$/0,000. \infty
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 4/22/24	Full name of contributor out-of-state PAC (ID#:)  Hunc-PAC Greeke Huston Buildy Assoc  Contributor address; City; State; Zip Code  9611 WScmHuston Play Hwston, TX 77064	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ions)
	•	

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## SCHEDULE A1

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

		-
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 5   16   24	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$/,000. \( \infty\)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 5/16/24	Full name of contributor out-of-state PAC (ID#:)  David Collins  Contributor address; City: State; Zip Code  7719 Chasewad Dr Huswi City, TX 77489	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	tions)
5/16/24	Full name of contributor out-of-state PAC (ID#:)  Birdie Kelkey  Contributor address; City; State; Zip Code  7631 SGken William. Missian TX 77489	Amount of contribution (\$)  \$60. ω
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	tions) -
Date 5 16 24	Full name of contributor out-of-state PAC (ID#:)  James Rice  Contributor address; City; State; Zip Code  5402 Oban Terrace Sugarland TX 77479	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	<b>FEDED</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Cyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5/9/24 Lina Swbnni 6 Contributor address; City; State; Zip Code Mus Eur Chy, TX 77459	\$15,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/1/24 Hurth - Zollan, Inc Texas PAC Contributor address; City; State; Zip Code	\$5,000.00
5430 LBJ Pm Dalles, Dx 75240	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
4/29/24 Santrago Castenda Contributor address; City; State; Zip Code	\$10,000,00
Principal occupation / Job title (See Instructions)  Reproper (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/18/24 Post Oak Pointe Contributor address; City; State; Zip Code 27/91 2/4/ Buksthems Pky Huston, TX 77494	\$2,500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

# SCHEDULE A1

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The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. Geos	ge	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s	state PAC (ID#:)	7 Amount of contribution (\$)
5/15/24		State; Zip Code	\$500. €
	12315 Woodthape in Hu	ustan, TX 77024	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
5/16/24	Shadnek Bugeny		
1	Contributor address; City;	State; Zip Code	8250, co
	2727 CreekTenace Mis	swriter, 14 77459	. 200
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$)
5/18/24	Joll Claser  Contributor address; City;	State; Zip Code	\$/00.00
		villy, 7x 77459	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor  ut-of-s	state PAC (ID#:)	Amount of contribution (\$)
5/16/24	Judith Hams		
2/10/24		State; Zip Code	\$50,00
	3226 Dandelin Dr Richm	und, 7x 77469	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Service Company		Line Company	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	EEDED

#### SCHEDULE A1

The instruction Guide explains now to complete this form.			1 Total pages Schedule A1:
Date 5 Full name of contributor   out-of-state PAC (ID#:	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1.
Ray Basavaraju  Ray Basavaraju  Schributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (S)  Full 24  Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (S)  Full 24  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (S)  # 500.  # 500.  # 500.	FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
Date   Full name of contributor   out-of-state PAC (ID#:	5/16/24	Raj Basavaraju 6 Contributor address; City; State; Zip Code 20910 Velvet Wing Cypress, 7x 77433	\$ 500,00
Ron Reynolds Campaign Contributor address; City; State; Zip Code  WHO HWG Sath Misswright TX 17459  Principal occupation / Job title (See Instructions)  Date Full name of contributor Halff Associates - STate PAC Contributor address; City; State; Zip Code  1201 Newsrld Ruchadsm, TX 75081  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$500. \( \omega\$  \$500. \(\omega\$  \$500. \( \omega\$  \$500.	Principal occi	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Halff Associates - State PAC (ID#:			Amount of contribution (\$)
Date   Full name of contributor   out-of-state PAC (ID#:	3/16/24	Contributor address; City; State; Zip Code	\$ 500, w
Date   Full name of contributor   out-of-state PAC (ID#:		10140 Hearle South Mission City TX 77459	
Halff Associates - STate PAC  Contributor address; City; State; Zip Code  1201 Newsred Puchadsm(1X 75081  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Yiussef Lahan Contributor address; City; State; Zip Code  23230 Summer Gock Katy 1X 77494	Principal occu		tions)
Contributor address; City; State; Zip Code    120   Newsorkd   Ruchardsm   X 7508     Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Date   Full name of contributor   out-of-state PAC (ID#:	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor  Judy  Full name of contributor  Out-of-state PAC (ID#:	5/14/24	Halff Associates - STate PAC	\$600 00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:)  Amount of contribution (\$)  Youssef Lahan  Contributor address;  City; State; Zip Code  23230 Summus Gock Katy, TX 17494	1		4500. €
5/16/24 Ynusset Lahan Contributor address; City; State; Zip Code  23230 Summer Gock Katy, TX 77494		Contributor address; City; State; Zip Code	¥500° ~
Contributor address; City; State; Zip Code +500, 60 23230 Summus Gock Katy, TX 77494		Contributor address; City; State; Zip Code 1201 NonserRd Richardsm, X 75081	tions)
	Principal occu	Contributor address; City; State; Zip Code    20   Ntwsrkd   Ruchardsm   X 7508     pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#:	
	Principal occu	Contributor address; City; State; Zip Code  120   Ntwsrkd   Ruchardsm   X 7508    pation / Job title (See Instructions)   Employer (See Instructions)  Full name of contributor   out-of-state PAC (ID#:)  Ywssef Laham	Amount of contribution (\$)
	Principal occu	Contributor address;  City; State; Zip Code  Ruchadsm(X 7508)  Pation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  Out-of-state PAC (ID#:)  Yussef Lahan  Contributor address;  City; State; Zip Code	Amount of contribution (\$)
	Principal occu	Contributor address; City; State; Zip Code    120   Newerld   Ruchardsm   X 7508     pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
	Principal occu	Contributor address; City; State; Zip Code    120   Newerld   Ruchardsm   X 7508     pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
	Principal occu	Contributor address; City; State; Zip Code    120   Newerld   Ruchardsm   X 7508     pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
	Principal occu	Contributor address; City; State; Zip Code    120   Newerld   Ruchardsm   X 7508     pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
	Principal occu	Contributor address; City; State; Zip Code    120   Newerld   Ruchardsm   X 7508     pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
	Principal occu	Contributor address; City; State; Zip Code    120   Newerld   Ruchardsm   X 7508     pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
5/1/24	Kyle Uppman 6 Contributor address; City; State; Zip Code	\$1,000. 00
	3Bending Oaks Con Huston, TX 77024	
8 Principal occu	spation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/1/24	Austin Alvis	\$1 000 00
1.1	Contributor address; City; State; Zip Code	\$1,000,00
	6203 Lynbrok Dr Houston, TX 77057	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/16/24	3 A Chatriwala	81 402 10
-1101-1	Contributor address; City; State; Zip Code	E1,000.00
	2506 Plantation Creek Misswri City Tx 77459	
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
Halau	DEC PAC	
7/9/24	Contributor address; City; State; Zip Code	\$1,000.00
	I Greenway Aga Houston, TX 77046	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
		/
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID#:)	7 Amount of contribution (\$)
5/16/24	6 Contributor address; City; State; Zip Code	\$ (,000. co
	94 Heathnuln Sugarend, Dx 77479	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/14/24	Hoean lane Ir	
71.110	Contributor address; City; State; Zip Code	\$1,000.00
	31 Sandalawood Dr Hwstn, TX 77024	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/1/24	Sturn Aluis Contributor address; City; State; Zip Code	51,000.00
	827WScontlusin Pky Hustry, TX 77040	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/1/24	Jay K Seers	
7/1/67	Contributor address; City; State; Zip Code	\$1,000.W
	8827 WSmHushnAkus Hwstm, 1x 77040	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 5/10/24	5 Full name of contributor out-of-state PAC (ID#:	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See	Instructions)
5/16/24	Full name of contributor out-of-state PAC (ID#:	
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
Date 5/16/24	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date 5 10/24	Full name of contributor out-of-state PAC (ID#:	
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
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	oted information to not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
5/10/24	Allen Boone Humprics Robinson LLP 6 Contributor address; City; State; Zip Code	\$2,500. 00
	3200 Saxtenest Fuy HWS ton, TX 77027	
Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/6/24	Contributor address; City; State; Zip Code	£1,500.00
	10011 Meadenslen Lone Muston, TX 77042	·
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/16/24	Vyaya Rapolu Contributor address; City; State; Zip Code	\$1,500.00
	27822 Acada Glen Kary, 7x 77494	
Principal occu	pation / Job title (See Instructions)  Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/17/24	Haynes + Bome PAC Contributor address; City; State; Zip Code	\$1,000.00
	281 NHerwood St Dallas, TX 75201	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
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## SCHEDULE A1

Th€	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5/16/24	Jubair Hossain  6 Contributor address; City; State; Zip Code	\$3,000. co
Dringing Loop	15627 Sand Bluestin Dr Cypress, TX 77433	Al
Principal occi	upation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/9/24	Daniel K Signorelli Contributor address; City; State; Zip Code	\$2,500. 00
	1401 Woodlands PKung Woodlands, TX 77380	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
		· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor	Amount of contribution (\$)
16/24	Virgina Sawr Contributor address; City; State; Zip Code	\$2,500.00
	5469 Holly Springs Houston, TX 770 ST	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
16/24	Llaance Turner Contributor address; City; State; Zip Code	\$2,500. w
	POBOX 481 Stafford, TX 77497	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
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		and the second s
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	If contributor is out-of-state PAC, please see Instruction guide for additional	eporting requirements.

#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5/20/24	Dally & Associates Inc 6 Contributor address; City; State; Zip Code	B1,000.00
	500 Richmod Ave Hustin, TX 71042	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/6/24	Cobb Endley PAC	<b>4</b> -
, ,	Cobb Rndley PAC Contributor address; City; State; Zip Code	\$5,000.00
	1442 1 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	•
	4424 W. Somtlinstapky Hiwston, TX 77041	
Principal occup	Dation / Job title (See Instructions) / Employer (See Instruct	ions)
		and the second s
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1 /	Insenta Citar	
5/16/24	Joseph Ciber  Contributor address; City; State; Zip Code	₹5,000.00
	Contributor address; City; State; Zip Code	9, 50.
	6254 Wickershamln Houston, 7x 77057	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
_		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/16/24	Jeffeny T. Cannon	\$ 5,000.00
3/16/24	Contributor address; City; State; Zip Code	5,000.
	4315 Whicken Dr Fulsheer, TX 77441	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
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#### SCHEDULE A1

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	. 924				
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	Kyle P. Geo	orge	-		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:	)	7 Amount of contribution (\$)
5/20/24	Joel Walker  6 Contributor address;	City;	State;	Zip Code	\$1,000.00
	6510 Abskne Dr	kary,		77493	
8 Principal occu	pation / Job title (See Instructions)		9 Emple	oyer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
5/15/24	Andrew A Schat Contributor address;			Zip Code	\$ 12,500,00
	5330 Mentrose Blud	Hwstm	TX	77005	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruction	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
5/14/24	Keuin Matocha Contributor address;	City;	State;	Zip Code	\$12,00,00
	1600 Hugh South	Suguleno	XTI	77478	
Principal occup	pation / Job title (See Instructions)	<i>a</i>		oyer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
5/14/24	Hilleo PAC Contributor address; 823 Congress Ave	City:		Zip Code	\$10,000.00
Principal occup	pation / Job title (See Instructions)	7100.01/		oyer (See Instructi	ons)
	ATTACHADDITI	ONAL OODIEG	- TIUG 6	CHEDIII E AC NE	FDED

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## SCHEDULE A1

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The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
5/30/24	Brian Barran	\$ 10, 00
,	6 Contributor address; City; State; Zip Code	1 101
	4127 Amber Trace Sugarland, TX 77479	
Principal occ	upation / Job title (See Instructions)  9 Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
5/21/24	Saul Valentin Contributor address; City; State; Zip Code	\$ 1,500. P
	1943 Norbik St Huston, TX 77098	
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/20/24	Andrew Paderonga  Contributor address; City; State; Zip Code	\$250. °
	26314 Cresunt Cove in Katy, TX 77494	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/17/24	Nathan Block	オンニ ペン
141724	Contributor address; City; State; Zip Code	P25. 00
	6622 Knoll Park Sugarland, N. 77479	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#:)  Vasant Hariani 6 Contributor address; City; State; Zip Code  5100 Sanfelipe Hwstn, TX 77056	7 Amount of contribution (\$) \$\phi_2,500,\colon
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date 6/13/24 Principal occup	Full name of contributor out-of-state PAC (ID#:)  Moyecnul Haaue  Contributor address; City; State; Zip Code  2307 Hartman Dr Sugaland, TX 77478  Dation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  \$ 500.
Date 6/10/24	Full name of contributor out-of-state PAC (ID#:)  Atul Raj  Contributor address; City; State; Zip Code  407 Lakeside Blud Sugarlad, TX 77478	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date 6/1/24	Full name of contributor out-of-state PAC (ID#:)  Spurgeon Robinson Contributor address; City; State; Zip Code  3209 Drake Springs People 17x 77584	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
6/10/24	team Plus Build UC 6 Contributor address; City; State; Zip Code	\$10,000. W
O Delevier Lance	13105 Northwest Fuy Huston, TX 72040	4
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
6/1924	Contributor address; City; State; Zip Code	\$500, €
·	25 Hedwig Circle Hwsten, TX 77024	
Principal occur	eation / Job title (See Instructions)  Employer (See Instruct	tions)
		,
		and the second s
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/6/24	ZT Brands LLC	\$ 5 cm (0)
10/24	Contributor address; City; State; Zip Code	₹ 5,000, 00
	3035 Danlyun Trl Sugrand TX 77479	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/31/24	Ania Energy Services	\$2.50 D
131121	Contributor address; City; State; Zip Code	82, 500. <i>10</i>
	2150 Time Sa Place Sogrand, TX 77479	``
Principal occur	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME	Kyle P. George		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
6/30/24	Brian Barran		\$10,00			
	6 Contributor address; City;	State; Zip Code	10,00			
	4127 Amber Trace Ct Su	1 T T 7 7 1 1 7 7 7 1 7 9				
8 Principal occu	pation / Job title (See Instructions)	•	(200)			
6 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)			
e						
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)			
42924	Tahir Bhatti		\$2,500.00			
	Contributor address; City;	State; Zip Code	42/2000			
	10 Harborview Dr. Sugarland	TX 77479				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date	Full name of contributor	/ID#·				
	N. i	(10#)	Amount of contribution (\$)			
6/26/24	Omar Alhammouri		\$1,500.00			
	Contributor address; City;	State; Zip Code	1,7 = 00 7			
	9757 Katy Fury Houston,	TX 77024				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
6/14/24	Ni-Wayan Payne		\$ 57Y 00			
	Contributor address; City;	State; Zip Code	4300.			
	3838 N San Houston Houston,	TX 77032				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)			
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#### SCHEDULE A1

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ion Guide explains how to complete this form.	1 Total pages Schedule A1:	
1le P. George	3 Filer ID (Ethics Commission Filers)	
name of contributor	7 Amount of contribution (\$)	
barger Goggen Blar Sampson, LLP tributor address; City; State; Zip	Code	
name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	$\neg$
Hudnall	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
***********************************	Code \$250 40	
ly Brook Cf Madison, MS 3	39110	
bb title (See Instructions) Employer (	(See Instructions)	
name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
tributor address; City; State; Zip	4 30.	
ob title (See Instructions) Employer (	(See Instructions)	
	Amount of contribution (\$)	
tributor address; City; State; Zip (	1 41 3331	
		$\dashv$
Lange		
	name of contributor   out-of-state PAC (ID#: barge Goggen Blar Sampsm Uff tributor address; City: State; Zip (IT/129 Arshn, TX 797)   Indicate the contributor   out-of-state PAC (ID#: Itributor address; City: State; Zip Indicate the contributor   out-of-state PAC (ID#: Itributor address; City: State; Zip Indicate the contributor   out-of-state PAC (ID#: Itributor address; City: State; Zip Indicate the contributor   out-of-state PAC (ID#: Itributor address; City: State; Zip Indicate the contributor   out-of-state PAC (ID#: Itributor address; City: State; Zip Indicate the contributor   out-of-state PAC (ID#: Itributor address; City: State; Zip Indicate the contributor   out-of-state PAC (ID#: Indicate the contributor   out-of-state PAC (ID#: Itributor address; City: State; Zip Indicate the contributor   out-of-state PAC (ID#: Itributor address; City: State; Zip Indicate the contributor   Orangeleaf Cf Hussim, TX 7   Orangeleaf Cf Hussim, TX 7   obtitle (See Instructions)   Employer   Employer   Employer   Employer   Indicate PAC (ID#: Indicate	name of contributor   out-of-state PAC (ID#:

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11-01-11		.,
62824	Amar Amarcharla	\$5,000.00
	6 Contributor address; City; State; Zip Code	13,000.
	3015 Colonial Dr Sugar God, TX 77479	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
402/24	Thomas M George	\$1 4.5 10
4/21/29	Thomas M G corgc  Contributor address; City; State; Zip Code	\$1,000.00
	И	
	8711 Emerald Hughts C+ Hwsten, TX 77083	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
		And the second s
Date	Full name of contributor	Amount of contribution (\$)
5/23	IBEW PAC	\$750.00
3(2)	Contributor address; City; State; Zip Code	, 130 .
	900 seventh St Washington DC 20061	
Deinsing! ones	V- secolity of the Walter of t	ione)
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributorout-of-state_PAC (ID#:)	Amount of contribution (\$)
Fluidan	ANG F. DAG	4.5
5/14/24	NRG Energy Inc. PAC  Contributor address: City: State: Zip Code	P3,000, 00
	Contributor address; City; State; Zip Code	
	804 Carnegie Center Princeton, NJ 08540	
Principal occur	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
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#### SCHEDULE A1

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The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kyle P. Geo	rge	3 Filer ID (Ethics Commission Filers)
4 Date 6-14-2024	Pape Donoson	of-state PAC (ID#:)  Exagg • PAC .  ty; State; Zip Code  m Antonio 7 x 15019	7 Amount of contribution (\$)
	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 6-26-24	Full name of contributor out- Variable S  Contributor address; Cit Slill Harbon Dr. 1	of-state PAC (ID#:) ingh  by; State; Zip Code  Howstoo TZ 77041	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor □ out-	of-state PAC (ID#:)  y; State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor □ out-		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
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## LOANS

#### SCHEDULE E

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

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The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:	
2 FILER NAME		***************************************	3 Filer ID (Ethics Commission Filers)	
Kyle P Georg	ae			
	,-			
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)	
02/26/2024	Self		5,000.00	
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate	
Institution?	P.O. Box 18711 Sugar La	and TX 77496	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	4	
14 Description of Coll	lateral	Check if personal fun account (See Instruc	nds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor	4	19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interestrate	
Institution?			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colli	ateral			
none		Check if personal fun account (See Instruc	nds were deposited into political itions)	
GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
			All the second s	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE	EDED	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
<sup>2</sup> FILER NAME Kyle P. Ge	orge	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received Frost Bank		8 Amount (\$)
04/24/2024	6 Address of person from whom amount is received; City; State Brazos Town Center Rosenberg TX		2,414.75
	7 Purpose for which amount is received Check if Interest Income	political contribution	returned to filer
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	te; Zip Code	Amount (\$)
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

## SCHEDULE F1

		io, DO NOT Iniciado	ino page in the re	port.	
	EXPEND	ITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	xpense Office Over xpense Polling Ex onals Expense Printing Ex	xpense Vages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
4 Total acros Cabadula E1:		(A) (A)	•		
1 Total pages Schedule F1:	2 FILER NAME CY	er. 6000	rge	3 Filer ID (Ethi	ics Commission Filers)
4 Date 1-2-2024.	5 Payee name	le LL GSui	te		
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
63.96.		Moci	ntainview	CA	94043
8	(a) Category (See Categories lis	sted at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Campaign	, Software			
	(C) Check if travel outside	of Texas, Complete Schedule T,	Check if Austin,	TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought		Office held
1-2-2624	Payee name Google	LLC. Ser	vices.		
Amount (\$)	Payee address;		City;	State;	Zip Code
1400		mount	ainview	CA	94043.
	Category (See Categories list	ed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Campana	in Sool.			
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought		Office held
Date	Payee name				
1-5-2024	0 10	Dem. Part	y-		
Amount (\$)	Payee address;	0	City;	State;	Zip Code
1000		Sa	fac Land	X	77479.
	Category (See Categories liste	ed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contri Du	to		in a constant of the constant	
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought	A COLUMN POR MON	Office held
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEEL	DED	

## SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees ( Food/Beverage Expense Food/Memorials E	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundralsing Expense Fransportation Equipment & Related Expense Fravel In District Fravel 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 Kyle P.G.	2079e. 3	Filer ID (Ethics Commission Filers)	
4 Date 1-30-2024	5 Payee name Strong Str	elegies Hc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1231 82	325 W-18th St.	Honston	State: Zip Code  78 77008.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch			
	(c) Check if travel outside of Texas, Complete Sche	dule T. Check if Austin, T	X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1.31-2024	Frost Bank			
Amount (\$)	Payee address: 23519 Brazos 16W1	n Crossing Rosend	State; Zip Code W29 TX 7747/	
PURPOSE OF EXPENDITURE	Service Charge	dule) Description	V	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin, T.	X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
2-1-7024	Google HL. G	Bente		
Amount (\$) 96	Payee address;	uountainview	State; Zip Code  (A 974043.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched			
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin, TX	K, 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				

## SCHEDULE F1

	EXPE	NDITURE CATEG	ORIES FOR B	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		ge Expense flemorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	Credit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME	yle P.G	lorge		3 Filer ID (Ethics	Commission Filers)	
2-1-2024	5 Payee name	lette	Service	es .			
6 Amount (\$)	7 Payee address;	N	locunta	city: invilu	State;  N CA	2110 Code 94043.	
8 PURPOSE OF EXPENDITURE	Campa	es listed at the top of this s	chedule) (b) D	Description			
	(c) Check if travel ou	tside of Texas. Complete Sci	nedule T.	Check if Austin	, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho	older name	Of	ffice sought		Office held	
Date	Payee name						
2-12-2024	Itina	Qadne	)				
1000 <u>90</u>	Payee address;		Sufa	city; Lam	State;	Zip Code 77479.	
PURPOSE OF EXPENDITURE	Category (See Categories	s listed at the top of this sci	hedule) D	escription			
	Check if travel out	tside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeho	older name	Of	ffice sought		Office held	
2.29-9024		-Ban	k.		inc pro-		
Amount (\$)	Payee address;	vos Gra	issing k	city; Posent	state; wg TL	Zip Code	
PURPOSE OF EXPENDITURE	Accent S		,	escription			
	Check if travel out	side of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeho	older name	Of	ffice sought		Office held	
	ATTACH ADDI	TIONAL COPIES (	OF THIS SCHEE	DULE AS NEE	DED		

## SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain		
1 Total pages Schedule F1:	2 FILER NAME Kyle P.	Beorge 3	Filer ID (Ethics Commission Filers)
4 Date 3-1-2024	5 Payee name 600gle LLC.	Genite-	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
63 96		Mountainview	CA 94043
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Campaign too	-	
	(c) Check if travel outside of Texas. Complete Si	chedule T. Check if Austin, 7	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-1-2024	Google I.C.	Services.	
Amount (\$)	Payee address;	City;	State; Zip Code
14.00		Mountainvier	D CA 94043
	Category (See Categories listed at the top of this s		,
PURPOSE OF EXPENDITURE	Compaign tool		
	Check if travel outside of Texas. Complete So	chedule T. Check if Austin, T	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1	
3.29-2024	Frost Bon	k-	
Amount (\$)	Payee address; 23519 Brazes Cho	ssing Rosenbe	State; Zip Code  47  77  77  77  77  77  77  77  77  7
	Category (See Categories listed at the top of this se	chedule) Description	9
PURPOSE OF EXPENDITURE	Account Service Ch	arge.	
	Check if travel outside of Texas, Complete So	chedule T. Check if Austin, T	X, 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 NEED	ED

#### 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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; State: Zip Code (a) Category (See Categories listed at the top PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name City; Payee address; State; Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains h	now to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Kyle P. G	eorge	3 Filer ID (Ethics Commission Filers)		
4-30-2024	5 Payee name Frost Bo	mt			
6 Amount (\$)	Byazas Town Center	/ Rosenber	State; Zip Code  9		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Acc f. Sewie Char	edule) (b) Description			
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin,	TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
5-1-2024	Payee name Goggle HC. E	faite.			
Amount (\$) 76.75	Payee address; V	ou tonbuie	State; Zip Code  CA 94043		
PURPOSE OF EXPENDITURE	Campangn Tool-				
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin,	TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
5-1-702-Y	Boogle 4.6.	Services.			
13.43	Payee address;	city; mtanuiw	State; Zip Code CA. SYOUS		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description			
	Check if travel outside of Texas. Complete Sched		TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED		

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:						
5-21-2024	5 Payee name Toxas Dem Po	arty-				
6 Amount (\$)	7 Payee address;	City; Sta	te; Zip Code			
25000	P.O Box 15407	Austin To	78761.			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Contribution-					
	(c) Check if travel outside of Texas. Complete Schedule T.	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expen				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	111				
5-24-2024	Sugar Creek Com	My Club.				
Amount (\$)	Payee address;	City; Sta	te; Zip Code			
19635	420 Sugar Gleck Blad	. Suscertand to	17478			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Funderising Event Expu					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officehold	er living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5-24-2024	Strong 3/2ateg	ies				
Amount (\$)	Payee address;	City; Star	te; Zip Code			
6012.92	325 W 18th St	Houston to	177008.			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Campaign Consulting.					
	Check if travel outside of Texas. Complete Schedule T.	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						

#### SCHEDULE F1

		EXPENDITU	RE CATEGOR	RIES FOR	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	у	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	SEXPENSE Pri	fice Overhea Iling Expens nting Expen		Travel In District Travel Out Of Dis	quipment & Related Expense
Credit Card Payment		The Instruction G	uide explains ho	w to comp	olete this form.		
1 Total pages Schedule F1:	2 FILER NA	ME Kyle	7.66	2000	70	3 Filer ID (Et	nics Commission Filers)
4 Date 5. 31-2024	5 Payee nan	Frost	Ban	t.	/		
6 Amount (\$)	7 Payee add	ress; 205 Tor	in Cen	ten	Rosen	bug Tr	Zip Code 7747/
8 PURPOSE OF EXPENDITURE		(See Categories listed a		dule) (b	) Description		
	(c) c	heck if travel outside of Te	xas, Complete Schedul	le T.	Check if Aus	tin, TX, officeholder lin	ring expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder na	ame		Office sought		Office held
Date	Payee nam	ne					
6-3-2024	E	pogle	Gsuit	e.			
Amount (\$)	Payee add	ress;			City;	State;	Zip Code
76.75			Mocor	itain	riew	TX	94943
PURPOSE OF EXPENDITURE	Category	See Categories listed at	tool -	ıle)	Description		
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder I					living expense	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder na	ime		Office sought		Office held
(0.3-9024	Payee nar	Google	Ш.	Ser	siee.		
Amount (\$)	Payee add	ress;			City;	State;	Zip Code
135			Mount	ain	Vew	CA	94043
PURPOSE OF EXPENDITURE	Category (	See Categories listed at	160 (8	ıle) ∢	Description		
		heck if travel outside of Tex	xas. Complete Schedul	le T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder n	ame		Office sought		Office held
	ATT	ACH ADDITIONA	L COPIES OF	THIS SCI	HEDULE AS NE	EDED	

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		s/Wages/Contract Labor Other (enter a category not listed above)
Oreal Cast Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME Kyle P. Gel	3 Filer ID (Ethics Commission Filers)
4 Date 24.7024	5 Payee name Masala Rad	·6.
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1000	Su	forchand to 71478.
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event Sponcesship.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6-28-7024	Ashanis Kitcher	$\gamma$
Amount (\$)	Payee address;	City; State; Zip Code
+500	11920 Hwy 6 South	n Stylen Land 1/ 77478.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Exent Catery	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
6:28:24	Payee name WOSF Bank	
Amount (\$)	Payee address;	City; State; Zip Code
500	Brazes Town Gen	tes Rosentey To 1747/
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Act. Suc. Charge	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
200	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

## SCHEDULE F1

If the requested inf	ormation is not applicable, DO NOT inclu	ude this page in the rep	ort.
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol by Gift/Awards/Memorials Expense Prin	ice Overhead/Rental Expense Iling Expense nting Expense Iaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Kyle P. G	eorge :	3 Filer ID (Ethics Commission Filers)
2-4-2024	5 Payee name Act Blue	U	
6 Amount (\$)	366 Summer St	Somerville	State; Zip Code  _ MA 62/44
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Fundraising Fels.		
	(c) Check if travel outside of Texas. Complete Schedul	leT. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
H 28-2014	ACT Blee		
Amount (\$) 451 03	Payee address; 366. Summer Sf	Somequille	State; Zip Code  MW 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled from Sig Fees.	Description	
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
5-Up-2024	Act Blue		
Amount (\$) 01	Payee address; 366 Shmmer St	Somerville	State; Zip Code MA 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled with the scheduled schedu	Description	·
	Check if travel outside of Texas. Complete Schedule	eT. 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 NEED	ED

#### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee L	egal Services	Salaries/V	Vages/Contract Labor	Other (enter a cate	gory not listed above)
Great Card Taymon		The Instruction Guide	e explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAM	ne Kyle	P. 60	orge	3 Filer ID (Ethic	cs Commission Filers)
6.30-20W	5 Payee nam	"Act P	due	0		
6 Amount (\$)	7 Payee add	ess;		City;	State;	Zip Code
435 3	366.	Summer &	84 5	somerville	MA	02144
8	(a) Category	See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Find	physing	Fees.			
	(c) C	neck if travel outside of Texas, (	Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nam	9				1 - 5 - 6 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
6.30-2024	N	GP VA	N INC	•		
Amount (\$)	Payee addr			City;	State;	Zip Code
2046	655	15th St x	IN WE	shington	DC	2005
PURPOSE	1 .	ee Categories listed at the to	op of this schedule)	Description	Par	as a sustant
OF EXPENDITURE	6 Mon	4 Supsc	यामाज	Compai	gn Og	ormand 1001
Check if travel outside of Texas. Complete Schedule T. Check if Austin				, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nam	е				
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
	Catagony (S	on Catagorina listed at the fe	an of this pohodula)	Description		
PURPOSE OF EXPENDITURE	Calegory (S	ee Categories listed at the to	pp of this scriedule)	Description		
	Ch	eck if travel outside of Texas. C	complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name	)	Office sought		Office held
	ΔΤΤΛ	CH ADDITIONAL C	ODIES OF THIS	SCHEDULE AS NEEL	nen	