CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kyle	мі Р	OFFICE	USE ONLY
NAME	NICKNAME KP GEORGE	George	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 1871		city; state; zip code gar Land TX 77496		JAN 17 2024 R
Change of Address	1	,			
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	589 2256	EXTENSION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME		Diane	E	Date Processed	
177 11712	NICKNAME	LAST	SUFFIX	Data Imaged	
		Eckols		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (N	O PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	2111 Parkvie	w Lane	Missouri City	TX	77459
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(713)	591 1709			
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day aff treasurer ap (Officeholde	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	* Month	Day Year	Month	Day Year	*
COVERED	7 /	1 / 23	THROUGH 12	/ 31 / 23	
11 ELECTION	ELECTION DATE		ELECTION TYPE	-	
	Month Day	Year Primary	Runoff Other		10 1
	.///	General	Special S21	ni Annua	1 Kepov -
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	County Jude	ge	County Judge		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	*		
Additional Pages	GENERAL	COMMITTEE ADDRESS	`		
Additional Lages	'SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	,	GO TO	PAGE 2		

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

		2 Total pages filed:		
			OFFIC	E USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME		LE	Date Received	
	KP GEORGE GE	EORGE	SUFFIX	JAN 17 202
4 ORIGINAL REPORT TYPE		Runoff Fi	Date Hand-delivere	ed or Date Postmarked
	30th day before election	limit Other (s 15th day after treasurer appointment (officeholder only)		Amount \$
5 ORIGINAL PERIOD	Month Day Year	Month Day	Year Date Processed	
COVERED	01/01/2022	THROUGH 12/31	2023 Date Imaged	
Elections wasnit ab	office was ele ble to send la	osed due to	s bad wear	ther. I
7 SIGNATURE I swe	ar, or affirm, under penalty	of perjury, that this correc	ed report is true and co	rrect.
Chec	k ONLY if applicable:			
Semiannual mislead or to	reports: I swear, or affirm, that misrepre-sent the information	at the original report was man n contained in the report.	de in good faith and withou	ut an intent to
date I learne	s: I swear, or affirm, that I am d that the report as originally f he report as originally filed wa	iled is inaccurate or incompliss made in good faith.	ete. I swear, or affirm, tha	less day after the tany error or
	***		re of Candidate/Officeholder	
(1) Affidavit	Please	complete either option	n below:	
(1) Allidavic				
NOTARY STAMP/SEA			inth	1
Sworn to and subscribed	before me by VP Ge	orge	this the day of day of	January.
20 to certify	which, witness my hand and seal of	office.	NOTARY PUBLIC D# 133521410	0
Signature of officer administra	ering gatt	me of officer administering cannot	State of Texas Comm. Exp. 01-07-2026	cer administering oath
) Printed lia	OR		oor daminiotering dati
(2) Unsworn Declarati	on			
My name is		and my date	of birth is	
My address is				•
	(street)	(city)	(state) (zip code)	(country)
Executed in	County, State of	, on theday	of, 20	
Enoughou III			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME KYLE P. GEORGE		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 211,960°
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1676284
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$232,912 ¹⁶
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* D. O
(1) Affidavit	Please complete either option below SHAYNA HARRIS Notary Public, State of Texas Comm. Expires 07-21-2025 Notary ID 131218341	ndidate of Officeholder
NOTARY STAMP/SEAL Sworn to and subscribed 20 24 , to certify	/// /// -	16th day of January.
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	·	
	(5.1.5.5)	state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME KYLE P. GEORGE			mmission Filers)		
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$211,960		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NÓN-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
KYLE P.	GEORGE		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
07/30/2023	6 Contributor address; City; 4127 Amber Trace Court Sugar Lai	State; Zip Code	10.00
8 Principal occu Software Dev	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:_ Tahir Bhatti		AC (ID#:)	Amount of contribution (\$)
08/18/2023	Contributor address; City; State; Zip Code 10m Harbor View Dr Sugar Land Tx 77479		2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Focus Merchant Se	
Date		AC (ID#:)	Amount of contribution (\$)
08/21/2023	Atul Kothari Contributor address; City; 426 Bermuda Dr Sugar Land 7	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Atul B Kothari CPA	•
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
08/30/2023	Brian Barran Contributor address; City; 4127 Amber Trace Ct Sugar L	State; Zip Code and Tx 77479	10.00
	pation / Job titlè (See Instructions)	Employer (See Instruct	ions)
Software Dev	velopei	Diuewaie	

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	s form.	1 Total pages Schedule A1: 2
2 FILER NAME	Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
9/7/2023		State; Zip Code	\$2500
	3812 Buckholtst Pea	arland, TX 72581	
	pation / Job title (See Instructions)	9 Employer (See Instruct	
Pres	ident	Crain Gro	up LLC
Date		C (ID#:)	Amount of contribution (\$)
9/7/2023	Gabriel Johnson Contributor address; City;	State; Zip Code	\$ 5,000
	9407 Reston Ginelane +	loustim, TX 77095	
	pation / Job title (See Instructions)	Employer (See Instruct	
Civ	il Engineer	Ala Techni	cal Services 42
Date	_ , .	C (ID#:)	Amount of contribution (\$)
9/9/2023		State; Zip Code	#5
	1302 Mystic River Ln Rose	enbers 1X 77471	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Pro	sect Manager	SHELL	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
9/12/2013	Walt Sass Contributor address; City;	State; Zip Code	4500.
	POBOX 380 Barker, T.	× 77413	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
Prin	cipal	Weissert	Engineering + Surveyin
	т.		3

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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: 3
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 (\$)
9/16/2023	6 Contributor address; City;		#100.
	2216 Mampson Rd Richman	d 1X 77469	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
0.	wner	AutoTitle o	of Texas
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/20/2023	Paul Bonnette Contributor address; City;	State; Zip Code	#1500.
	923 Woodland St Houston	Tx 77009	,
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	
Ava	hitect	PGAL	Inc
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
9/22/2013	Richard Huller Contributor address; City;		\$/600.
		State; Zip Code	,
	202 Century Source Blud Superior / Job title (See Instructions)	gorland, IX 77428	
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Ath	nney	The Muller	Low Group
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/27/2023	Kathy Britton Contributor address; City;	State; Zip Code	\$ 1,000.
	3665 Willwick Dr. Husten,		1/-
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
exe	whire Chair	Perry How	nes
			7

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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 hame of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
9/28/2023	Jasan Golan 6 Contributor address; City;	State; Zip Code	\$1,000.	
	2316 Porto fino Ridge Dr. Sug	rlandTx		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
0 w	ner	Wester Har	mes	
Date		(ID#:)	Amount of contribution (\$)	
01.1	Levi B		yanoani oi conaibaacii (c)	
1/28/2023	Contributor address; City;	State; Zip Code	# 250.	
	3417 Milam St. Hwston,	Tx 77062		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
La	wyer	Levi Benton	+ 1350 crates PLLC	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
9/30/2023	Brian Barran Contributor address; City;	State; Zip Code	\$ 10	
	4127 AmberTrace Ct Sugarlo	nd, TX 77479		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
S	oftware Developer	Bluware		
Date		(ID#:)	Amount of contribution (\$)	
9/30/2023	Saib Saour Contributor address; City;	State; Zip Code	\$200A	
			<i>₹2,5</i> 00.	
5469 Holly Springs Dr Houston, TX 77056				
	pation / Job title (See Instructions)	Employer (See Instruct		
Cu	uil Engineer	Benchmark	Engineering	
	J			

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SCHEDULE A1

ii tile reques	sted information is not applicable, DO NOT II	nclude this page in the	report.
The	Instruction Guide explains how to complete thi	s 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-ot_state_PA	C (ID#:)	7 Amount of contribution (\$)
10/3/2023	Fakhruddin Sabir 6 Contributor address; City;	State; Zip Code	* /0,600.
	11810 Hallowed Stream Ln Cyp pation / Job title (See Instructions)	cessTx 77433	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Hrc	hitect	FS Group A	rchitects
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Ideh	Muhammad Aziz		
1012/1013	Muhammad A313. Contributor address; City;	State; Zip Code	\$5,600.
	800 Commerce St Howston	Tx 77007	4 5,000.
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Lau	syer	Abraham Watk	ins Nichols Agusto Aziz+Stag
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/5/2023	Chao-Chiung Lee Contributor address; City;	State; Zip Code	\$5,000.
	6001 Savay Dr Soitello Hws	tan, Tx 77036	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	
Arch	ntect	STOA AV	chitects
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
10/5/2023	Contributor address; City;	State; Zip Code	#2,500.
	9100 Swthwest Fuy Houston	n, Tx 77084	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
CV	lairman	APEX 91	role
. ·	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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 9. Georg	e	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
195/2023	Irfan Abji 6 Contributor address; City;	State; Zip Code	4 /, 500.
	11530 Westmor Dr Richman pation / Job title (See Instructions)	d, TX 77407	
		9 Employer (See Instructi	ions)
Self	f Emplayed	Irfan Abji	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/12/2023	Ali Roshanfekr Contributor address; City;	State; Zip Code	5 /,500.
	14127 Kimbaley Cn Howston,	TX 77079	
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ingineer		uil Services
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/13/2073	Saul Valentin Contributor address; City;		\$ 2,500.
	1943 Norfolk St Apt A Houst	on, Tx 77098	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	
	Principal	Collabora	ite
Date	Full name of contributor out-of-state PAC	/ID#: \	Amount of contribution (\$)
10/		,,	(4)
18/2023	Aluin San Miguel Contributor address; City;	State; Zip Code	\$500.00
	8101 Kircher Rd Manuel	TX 77578	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
General Manager Johnson Development Corp			

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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	Ryle P. George		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC		7 Amount of contribution (\$)	
10/30/2013	Brian Barran 6 Contributor address; City; 4127 Ambutrace Ct Sugarle	State; Zip Code	¶/O.	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	,	
Soft	vare Developer	Bluwo	re	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
11/30/2023		State; Zip Code	# 10	
	4127 AmberTrace Ct Sugal	and, 1X7149		
	ation / Job title (See Instructions)	Employer (See Instruct	,	
201 U	sare Developer	Bluwa	v e	
Date		(ID#:)	Amount of contribution (\$)	
12/22/2023	Nasniddin Rupani Contributor address; City;		#5,000.	
	7500 Bellaire Blud Ste 900	Husten, TX 77034	,	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	,	
Busi	ness	Wulds Gold	+ Diamonds Inc	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
12/29/2023	Contributor address; City;	State; Zip Code	* 20.	
3226 Dandelim Dr Richmond, Dx 77469				
	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
<u> </u>				
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

SCHEDULE A1

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 complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Kyle P. Georg	e	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
12/29/2023	Atul Kothari 6 Contributor address; City;	State; Zip Code	\$ 500.	
	4526 Bermuda Dr Sugarlan	d, IX 77479		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	•	
C	PA	HTUL B Kotha	n CPA PC	
Date		(ID#:)	Amount of contribution (\$)	
1429/2023	Saul Valentin Contributor address; City;	State; Zip Code	F2,500.	
	1943 Norfolk St Apt A Hous	sten, Tx 17098		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi		
Four	iding Principal	Collabora	ite Architects	
Date		(ID#:)	Amount of contribution (\$)	
12/30/2023	Brian Barran Contributor address; City;	State; Zip Code	\$ 10.	
	4127 Amber Trace Ct Suga	rland. TX 77479	, 0.	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	0 .	(ID#:)	Amount of contribution (\$)	
120/2013	JIM KICE Contributor address; City;	State; Zip Code	\$250.	
5402 Oban Terra ce Sugarland, TX 77479				
	ation / Job title (See Instructions)	Employer (See Instructi		
Pre	sident	Rice Gara	ner Consultants Inc.	
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NI	EDED	

SCHEDULE A1

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

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#:) Danic Boggio 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$5,000.		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)		
Date Full name of contributor out-of-state PAC (ID#:) 10/5/ Vijaya K. Ragola	Amount of contribution (\$)		
10/5/23 Vyaya K. Rapolu Contributor address; City; State; Zip Code 27822 Acaca Glen Ln. Katy 1x 77494	\$3,000.		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)		
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$\frac{4}{2},500.\$ ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED		

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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	Che P. George	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
10/5/2023	6 Contributor address; City; State; Zip Code	\$5,000.	
	6254 Wickersham Ln Hinston, Dx 77057		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
10/5/2023	Andrew A. S. Chatte Contributor address; City; State; Zip Code	£5,000.	
	5330 Montrose Blud Houston, TX 77004		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
	Texans for Good Government PAC Contributor address; City; State; Zip Code	£5,000.	
	99 Detering St Ste 164 Harston, TX 17007		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
10/5/2023	Satya Pilla Contributor address; City; State; Zip Code	<i>₱5</i> ,000.	
4103 Oak Blossom Ct Husten, TX 77059			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
	·		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDLILE AS A	IEEDED	

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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 llieonge	3 Filer ID (Ethics Commission Filers)
4 Date \$\langle 29/20\in 3\$ 8 Principal occur	5 Full name of contributor out-of-state PAC (ID#:) Jay K Scars 6 Contributor address; City; State; Zip Code 8827 W Sam Hwshn Pkw N Sk 200 Hwshn X 77040 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$2,500.
Date	Full name of contributor	Amount of contribution (\$)
09/24/2013	Allen Bane Humphries Robinson LLP Contributor address; City; State; Zip Code	\$2,500.
	3200 Southwest Frey Surt 2600 Houston, TX 77027	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
95/2023		\$2,500.
Principal occup	8827 W Sam Hovston PKury N South 210 Havshm, X 7764 pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/13/2023	Austin Alvis Contributor address; City; State; Zip Code 6203 LynBnok Pr Hwstn, TX 77057	2 ,500.
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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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: 12 2 FILER NAME Cyc P. George 4 Date 5 Full name of contributor out-of-state PAC (ID#:			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$) 10/2/ Cobb Fendley PAC			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$) 10/2/ Cobb Fendley PAC			
10/2/1072 Cobb Fendley PAC 6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
3 Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)			
Jubair Hossain Contributor address; City; State; Zip Code \$2,500.			
1927 Sand Blucstem Dr Cypress, TX 77433			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)			
16/5/2023 Karuna Kar Sreerama P2, 500. 4406 Orange Leaf (f. Hwsten, TX 7705) Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)			
Hema Chandra P. Kolluru Contributor address; City; State; Zip Code \$2,000.			
94 Heathow Cn. Sugarland, TX 77479			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	Kyle P. George	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state AC (ID#:) EHRA Englineering PAC 6 Contributor address; City: State; Zip Code 100/1 Meadwyglen (n. Hwskn, TX 77042	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	cions)
Date 10/5/23	Full name of contributor out-of-state PAC (ID#:) Ly IC F. Henkel Contributor address; City; State; Zip Code 8 30 Wyndham Villay Dr. Jersylllag Tx 70 ation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
lo/5/2023	Full name of contributor out-of-state PAC (ID#:) Mohan Ballagere Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Sugar(and, TX 77498) Employer (See Instructions)	ions)
Date 10/5/2013	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)

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	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 (\$)	
9/18/2023	H. Dean Lane Jr. 6 Contributor address; City; State; Zip Code 31 Sandalumd Huston, TX 77024	\$/,000.	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
8/30/2013	Contributor address; City; State; Zip Code	*/,000 .	
	3 Bending Oaks Ln. Houston, Tx. 77024		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)	
	•	TAN MA COME TO SERVICE	
Date	Full name of contributor	Amount of contribution (\$)	
10/2/2023	Contributor address; City; State; Zip Code	\$1,000.	
	2925 Brayfark Dr Ste 400 Hwston, TX 77042	·	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
10/3/2023	David A. Hami Iten Contributor address; City; State; Zip Code	*500.	
	12315 Woodthorpe Ln Houston, TX 77024		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	•		
	**************************************	,	
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS N	CEDED	

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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 8 1 6 2073	5 Full name of contributor out-of-state PAC (ISA). Amirali Dodhiya 6 Contributor address; City; State; Zip Code 6 Quiet Path Dr. Sogulad, X77498	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
8 30 2073	Full name of contributor out-of-state PAC (ID#:) Randy Rander mann Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occup	4860 James Tulshey 7749 Pation / Job title (See Instructions) Employer (See Instructions)		
Pla/23	Full name of contributor out-of-state PAC (ID#:) James D Rice Contributor address; City; State; Zip Code 5402 ObenTerrach Symbol, TX 77479	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
9/6/23	Full name of contributor out-of-state PAC (ID#:) Alliance PAC Contributor address; City; State; Zip Code 6200 Savy Dr Stc 100 Hyston, IX 77036	P 25,000.	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED	

SCHEDULE A1

in 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 8/2/2473	5 Full name of contributor dut-of-state PAC (lost)	7 Amount of contribution (\$) \$ 5,000.	
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 (\$)	
8/19/23	Daniel K. Signarelli Contributor address; City; State; Zip Code 1401 Wadlands Pkury Wadlands, X 77380 State (See Instruction)	\$10,000.	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:) Hutt- Zollar Inc. Texas PAC	Amount of contribution (\$)	
וייו	Huitt-Zollars, Inc. Texas PAC Contributor address; City; State; Zip Code 5430 LBJ Freeway, Ste 1500 Dallas, TX 7540	\$ 5,000.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:) David Eastwood	Amount of contribution (\$)	
9/18/23	Contributor address; City; State; Zip Code 17407 Hwy 59N Humble, TX 77396	\$ 500.	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED	

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-heorge	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
9/13/23	Brace well PAC 6 Contributor address; City; State; Zip Code 711 LNIsgna St Strizo HWStrn, TX 77002	F2,000.		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
	HUNCPAC Greater Houston Builders ksoc Contributor address; City; State; Zip Code BII W Sam Houston Play Houston, TX 17064	\$2,500.		
	ation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
1/15/23	Pathrose Simon Contributor address; City; State; Zip Code 18 Hydden Care MisswriCity, 7x 77459	91,000.		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
lo/lo/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		EEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED		

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	Ryle P. George	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10/16/23	Ardura Gnup PAC 6 Contributor address; City; State; Zip Code 5851 San Felipe St Hustin, TX 7057	\$1,00°.
9 Principal seas	3031 Sanfaire St. Thosan, 1x 1703 7	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/23/23	RAPA—KISTNER PAC, Inc. Contributor address; City; State; Zip Code POBOX 690287 San Antonio, 7X 78 269 Potion / Joh title (See Instructions) Employer (See Instructions)	\$1,000.
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	
		Amount of contribution (\$)
19/8/23	Samantha K Schatte Contributor address; City; State; Zip Code	\$5,000.
	5330 Montrose Blud Husten, TX 77005	•
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	cions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/25/23	Highland Humes Hwsten LLC contributor address; City; State; Zip Code	\$1,000.
	10603 W. Santluston Pky N HWStm, IX 77064	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)

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SCHEDULE A1

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

	. operu
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 PAO (D#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Full name of contributor out-of-state PAC (ID#:) HMC-PAC Greater Hustin Bulders Assoc Contributor address; City; State; Zip Code 9571 W. Sem Hustin PhyN Hustin, TX 7766 4	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Priti Singh Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)

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SCHEDULE A1

The Instruction Guide	explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	e P- Geo og	ge	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of c	ontributor	; (ID#:)	7 Amount of contribution (\$)
16/3/23 Rana E 6 Contributor ad	llaham dress; City; ners Creck Ct Katy	State; Zip Code	\$500.ea
8 Principal occupation / Job title (So	ee Instructions)	9 Employer (See Instruction	ons)
Date Full name of co	ontributor	(ID#:)	Amount of contribution (\$)
6/5/23 Omar A	thammouri dress; City;	State; Zip Code	\$ 500.00
12888 Queen	sbury Ln. #W518 A	ws tun, 1x 77024	
Principal occupation / Job title (Se		Employer (See Instruction	ons)
Date Full name of co		(ID#:)	Amount of contribution (\$)
Contributor ad		State; Zip Code	\$25
3224 Dar	derin pr. Richmun	d, TX 77469	
Principal occupation / Job title (Se	e Instructions)	Employer (See Instruction	ons)
Date Full name of co	ontributor	(ID#:)	Amount of contribution (\$)
Contributor ad	dress; City;	State; Zip Code	
Principal occupation / Job title (Se	e Instructions)	Employer (See Instruction	ons)
	TTACH ADDITIONAL COPIES (ut-of-state PAC, please see Instr		

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 12 23	5 Full name of contributor out-of-state PAC (Lavance Turner 6 Contributor address; City; Staffwrd	State; Zip Code	7 Amount of contribution (\$) \$\P\$ 3,000.
8 Principal occu		Employer (See Instructi	ons)
Date 124/23	Full name of contributor out-of-state PAC (Varinder (Bobby) Singh Contributor address; City; 1251 Still Harbor Dr Husten	State; Zip Code	Amount of contribution (\$) \$\frac{10}{1000}\$
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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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 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 Legal Services Salaries/N The Instruction Guide explains how to c	/ages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 61/03/223	5 Payee name Google LLC GSUITE		
6 Amount (\$) \$63.96	7 Payee address;	city; aun'Uw Ca	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Campaign tool		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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		
7/3/2023	Google service		
Amount (\$)	Payee address;	City;	State; Zip Code
\$14.	M	LountainVI	ew, CA 94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Carpas tool	Description	,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
7/24/2023	Payee name ACT Blue		
Amount (\$)	Payee address;	City;	State; Zip Code
⁹ 35.	366 Summer St. Sc	meville	MA 02149
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) The first schedule of the category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	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		3 Filer ID (Ethics Commission Filers)	_
4 Date 8 61 2023	5 Payee name Google GSuite			
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 sch	nedule) (b) Description		
PURPOSE OF EXPENDITURE	Comparign soffis	u		
~ ~	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, 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			
8/61/2023	Google service	2		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$14.		Mountainview	U, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	Description		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			_
9/01/2023	Google service			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$14.03		Mountain Vie	w, CA 94043	
	Category (See Categories listed at the top of this sche			
PURPOSE OF EXPENDITURE	Compaig Softwar	m		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED	

SCHEDULE F1

	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Committee Legal Services	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)
		explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/6/12023	5 Payee name GOOGK GS	vite	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$63.96		Mountambia	U, CA 94043
8	(a) Category (See Categories listed at the top		
PURPOSE OF EXPENDITURE	Compaign Se	Stwan	
	(c) Check if travel outside of Texas. Cor	nplete Schedule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/02/2023	Google Se	ervice	
Amount (\$)	Payee address;	City;	State; Zip Code
714.02		MountainVic	w, CA 94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule) Description	•
	Check if travel outside of Texas. Con	nplete Schedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/02/2023	Google GSU	ite	
Amount (\$)	Payee address;	City;	State; Zip Code
F63.96		MountainVic	w, CA 94043
PURPOSE OF EXPENDITURE	Caregory (See Categories listed at the top	of this schedule) Description	
	Check if travel outside of Texas. Con	nplete Schedule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEE	EDED

SCHEDULE F1

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

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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	can Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/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 h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name GOOGK GSU (7	E	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$63.96		MountainVi	W. (A 94043
8	(a) Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Compaign Softwar	ı	
	(c) Check if travel outside of Texas. Complete Sched	uleT. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/01/2023	Google Service		
Amount (\$)	Payee address;	City;	State; Zip Code
\$13.48		MountanVin	W, CA 94043
	Category (See Categories listed at the top of this sched		
PURPOSE OF EXPENDITURE	Campain Softwa	w	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/9/2023	Google Service		· ,
Amount (\$)	Payee address;	City;	State; Zip Code
\$13.48		MountainVir	w, CA 94043
	Category (See Categories listed at the top of this sched		70
PURPOSE OF EXPENDITURE	angaign Softwar	~	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austir	n, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

		EXPEND	ITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo 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 Instructio	n Guide explair	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME				3 Filer ID (Eth	nics Commission Filers)
4 Date 12/01/2023	5 Payee na	100g (c	G SU	た		_	
6 Amount (\$)	7 Payee ad	ddress;			City;	State;	Zip Code
\$63.96				Mou	ntamble	S, CA	94043
8	(a) Categor	y (See Categories lis	ted at the top of this		(b) Description		
PURPOSE OF EXPENDITURE	Om	pagn 9	offwo	ne			
	(c)	Check if travel outside	of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder liv	ring expense
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholde	r name		Office sought		Office held
Date	Payee na	ime					
7/31/2023	Bank	Service	ie Cha	urge			
Amount (\$)	Payee ac	ldress;			City;	State;	Zip Code
\$5	Fros	+ Ban	K		Houston	, TX	77007
		(See Categories liste		chedule)	Description		
PURPOSE OF EXPENDITURE	Ken	ah Fee					
		Check if travel outside	of Texas. Complete Se	chedule T.	Check if Aust	in, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	r name		Office sought		Office held
Date	Payee na	ame	Marine - pro-				
8/31/2023	Bank	- Servi	ce cha	inge			
Amount (\$)	Payee ac				City;	State;	Zip Code
\$5	Fro	st Ba	nK	+	louston,	TX	77002
PURPOSE OF EXPENDITURE		(See Categories liste		chedule)	Description		
		Check if travel outside of	of Texas, Complete So	chedule T.	Check if Austi	in, TX, officeholder liv	ing expense
Complete ONLY if direct	Candid	ate / Officeholde		-	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH							
	AT	TACH ADDITIO	NAL COPIES	OF THIS S	SCHEDULE AS NEI	EDED	

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Office Ov. Food/Beverage Expense Polling Expense Office Ov. Gift/Awards/Memorials Expense Printing Expense		rhead/Rental Expense Transportat pense Travel In Di xpense Travel Out		ion/Fundraising Expense ortation Equipment & Related Expense n District Out Of District enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Eth	ics Commission Filers)	
4 Date 9/29/2023	5 Payee na	Service Chan	<u> </u>	3			
6 Amount (\$)	7 Payee ad		3	City;	State;	Zip Code	
\$5 ,	Fros	+ Bank.	H	auston	TX	77007	
8	(a) Category	y (See Categories listed at the top of this		(b) Description			
PURPOSE OF EXPENDITURE	Ban	k fee					
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
10/31/23	Bank	Service Ch	arge				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
\$5.	Fros	t Bank		Houston	n, 7x	77002	
PURPOSE OF EXPENDITURE	Ban-	(See Categories listed at the top of this	schedule)	Description	,		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name	ř.	Office sought		Office held	
Date	Payee na	me					
11/30/23	Bank	-Service Cha	arge				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
45	Fros	t Bank		+00vsom	, TX	77002	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description	•		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED		

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total same Cabadula Ed.	2 54 55 14	The Instruction Guide explai	ns now to co	omplete this form.	2 51 15 (51	
1 Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID (Eth	ics Commission Filers)
4 Date 12 2 9 2023	5 Payee nam		hange			
6 Amount (\$)	7 Payee add		<u>J</u>	City;	State;	Zip Code
₹ 5.	FROS	BANK		HWSton.	TX	77002
8		(See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Ban	k free				
	(c) C	heck if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought		Office held
Date	Payee nam	ie		,		
8/21/2023	Fort '	Bend Democ	ratic	Party		
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
41,000.			Si	gailad	な	77479.
PURPOSE OF EXPENDITURE		See Categories listed at the top of this	schedule)	Description		
	/ c	heck if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
10/11/2023	Hin	a Qadri				
Amount (\$)	Payee add	ress;	Sug	gar Lond	State;	Zip Code 77 475
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	schedule)	Description		
	CI	neck if travel outside of Texas, Complete S	schedule f.	Check if Austin	, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

	EXPENDITURE CATEO	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		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)
4 Tatal same Cabadala 54			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
72,000.	knights ct.	Missoumi Cit	TK 77459.
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	1
PURPOSE OF EXPENDITURE	Campaign offen 1	lut-	
	(c) Check if travel outside of Texas. Complete Sc	hedule T. 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	Payee name		
10/5/2023	Strong Strate	gies	
Amount (\$)	Payee address;	City;	State; Zip Code
\$6,000.	325 W 18th St	Honston	7 77 77008
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule) Description	
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/16/2023	Chris Hollins Ca	mpaign	
Amount (\$)	Payee address;	City;	State; Zip Code
\$500.		Honston	Td 11036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description	
	Check if travel outside of Texas. Complete Sch	nedule 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 NEED	DED

SCHEDULE F1

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

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	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		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2023	5 Payee name TARAL PATEL		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
† 750.		Sugar Land	TX 77479
8	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
PURPOSE OF EXPENDITURE	Campaign Coron	lary.	·
	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if Austii	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 11 13/2023	Patrick Quince	1 Campaign	
Amount (\$)	Payee address;	City;	State; Zip Code
\$250.	,	Richmone	TX 77469.
	Category (See Categories listed at the top of thi	s schedule) Description	
PURPOSE OF EXPENDITURE	Comtribution	-	
	Check if travel outside of Texas. Complete	e Schedule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/25/2023	Grady Prestage	e Campaign	
Amount (\$)	Payee address;	City;	State; Zip Code
4500.		ma agra i Kla	< 11 T1459

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Description

Office sought

Check if Austin, TX, officeholder living expense

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas, Complete Schedule T.

Office held

SCHEDULE F1

II the requested in	officiation is	not applicable	, DO 1101 1	iiciuue tii	is page in the i	eport.		
		EXPENDI	TURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services		Office Overh Polling Expe Printing Exp		Transportation E Travel In District Travel Out Of Di		•
Orealt Calur ayment		The Instruction	n Guide explain	s how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID (E	thics Commission Filers)	
4 Date 10/25/2023	5 Payee nar	13HSN	-41					
6 Amount (\$)	7 Payee add	dress;			City;	State;	Zip Code	
⁴ 500.				l	tens for	o Td	7	
8		(See Categories list	A.	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Cont	mbh	ROD					
	(c)	Check if travel outside of	of Texas, Complete So	chedule T.	Check if Aus	stin, TX, officeholder	living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	`	ate / Officeholder	name		Office sought		Office held	
Date	Payee nar	ne						
7-15-2023	No		NW					
Amount (\$) \$34112	Payee add	sth st.	NW		washigte	State;	Zip Code 20005	
PURPOSE OF EXPENDITURE	Category	(See Categories lister	Softwo	chedule)	Description			
		Check if travel outside o	of Texas. Complete Sc	chedule T.	Check if Aus	stin, TX, officeholder I	living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name	,	Office sought		Office held	
8-16-2023	Payee na	Me MP.VA	N IN	c				
#341 12	Payee add	iress; 15K5t.	NW	CA	Ashingtor	State;	Zip Code 2000 5	
PURPOSE OF EXPENDITURE	Comp	(See Categories lister	Softwa	n	Description Check if Aus	stin, TX, officeholder I	iving expense	
Complete ONLY if direct expenditure to benefit C/OF	_	ate / Officeholde	r name		Office sought		Office held	
	ΔΤΤ	ACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE 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
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:		-	O (Ethics Commission Filers)
4 Date 9-14-2013	5 Payee name NGP VAN INC		
6 Amount (\$)	7 Payee address;		Zip Code 2005
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description	
PURPOSE OF EXPENDITURE	Campaign Softwa	· ·	
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austin, TX, officeho	Ider living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 18-26-2023	Payee name NGP VAN. INC. Payee address; 655 15th st. NW		
3H·12.	Payee address; 655 15th st. NW	· Washington D	Zip Code 2005
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Description	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin, TX, officeho	lder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12-5-7023	NGP WAN INC	-,	
Amount (\$)	Payee address;	City; L S	ate; Zip Code
\$ 341.12.	655 15HSF NW	Washington D	C 9005
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul		
	Check if travel outside of Texas. Complete Schedule		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid	Office Ov Polling Ex pense Printing E Salaries	Expense Nages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense		
1 Total pages Schedule F1:	2 FILER N	AME CULE T	P. 6000	rop	3 Filer ID (Ethio	cs Commission Filers)		
4 Date 12:26-2023	5 Payee na	NBP VA	tal luc					
6 Amount (\$)	7 Payee a	15th St. N	IW I	washing to	State;	Zip Code 70005		
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the	e top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp				ng expense			
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name	•	Office sought		Office held		
Date 12-06-2023	Payee na	Doddy.C	erro .					
Amount (\$)	Payee at 2/55	1	d, way	rempe	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the to Name	lop of this schedule)	Description				
		Check if travel outside of Texas.	Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
9-30 7013	Payee na	tblue			<u> </u>			
4 686 33	Payee ac	Symmu	8+	Somervi	lle MA	Zip Code - 0214		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the t	op of this schedule)	Description				
		Check if travel outside of Texas.	Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	е	Office sought	*	Office held		

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 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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Nages/Contract Labor Other (enter a category not listed above) complete this form.			
1 Total pages Schedule F1:	2 FILER NAME JE P. GEORGE	3 Filer ID (Ethics Commission Filers)			
4 Date 12-30-2023	5 Payee name Act blue loc				
6 Amount (\$) \$ 1453.69	7 Payee address; 366 Symmer St. St	emewille MA. 02144			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) The string fles.	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	, Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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/OH		Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			