

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 24														
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	FIRST <b>Patrick</b>	MI														
	NICKNAME	LAST <b>Quincy</b>	SUFFIX														
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT. SUITE #; CITY; STATE; ZIP CODE <b>5614 W. Grand Pkwy S. Ste. 102 #253 Richmond, TX 77406</b>																
	AREA CODE	PHONE NUMBER	EXTENSION														
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<b>( 832 ) 534-0648</b>																
	MS / MRS MR	FIRST <b>Tunisha</b>	MI														
<b>6</b> CAMPAIGN TREASURER NAME	NICKNAME	LAST <b>Quincy</b>	SUFFIX														
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>5614 W. Grand Pkwy S. Ste. 102 #253 Richmond, TX 77406</b> <small>(Residence or Business)</small>																
<b>7</b> CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION <b>( 832 ) 534-0648</b>																
	<b>9</b> REPORT TYPE																
<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)																	
<b>10</b> PERIOD COVERED																	
<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Month</td> <td style="text-align:center;">Day</td> <td style="text-align:center;">Year</td> <td style="text-align:center;">THROUGH</td> <td style="text-align:center;">Month</td> <td style="text-align:center;">Day</td> <td style="text-align:center;">Year</td> </tr> <tr> <td style="text-align:center;">07</td> <td style="text-align:center;">01</td> <td style="text-align:center;">2023</td> <td></td> <td style="text-align:center;">12</td> <td style="text-align:center;">31</td> <td style="text-align:center;">2023</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	07	01	2023		12	31	2023
Month	Day	Year	THROUGH	Month	Day	Year											
07	01	2023		12	31	2023											
<b>11</b> ELECTION																	
ELECTION DATE		ELECTION TYPE															
Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special														
03	05	2024															
<b>12</b> OFFICE		<b>13</b> OFFICE SOUGHT (if known)															
OFFICE HELD (if any) <b>None</b>		<b>Fort Bend County Constable Precinct 4</b>															
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)																	
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.																	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME															
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS															
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME															
		COMMITTEE CAMPAIGN TREASURER ADDRESS															

**OFFICE USE ONLY**

Date Received

**REC'D-BBM**

**JAN 15 2024**

FORT BEND COUNTY ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

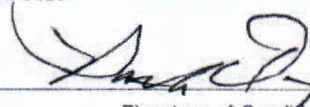
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Quincy, Patrick		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,995.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,882.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,879.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,387.72

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

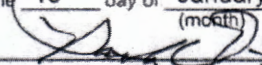
OR

**(2) Unsworn Declaration**

My name is Patrick Quincy, and my date of birth is 03/01/1981.

My address is 5614 W. Grand Pkwy S, Ste. 102 #253, Richmond, TX, 77406, United States.  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 15 day of January, 2024.  
(month) (year)

  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Quincy, Patrick		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,195.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 800.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,665.72
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,882.78
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 170.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/24
<b>2</b> FILER NAME Quincy, Patrick		<b>3</b> Filer ID
<b>4</b> Date 07/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Huma  <b>6</b> Contributor address; City; State; Zip Code 3211 Stephens Creek Ln  Sugar Land, TX 77478	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Fort Bend County
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arista, Fabian  Contributor address; City; State; Zip Code P.O. Box 27886  Houston, TX 77287	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Harris County
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Robert  Contributor address; City; State; Zip Code 28006 Silver Stream Ct  Fulshear, TX 77441	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Harris County
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borbrick, William  Contributor address; City; State; Zip Code PO Box 637  Sugar Land, TX 77487	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Fort Bend County
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Cassandra  Contributor address; City; State; Zip Code 29618 Beech Tree Bend  Katy, TX 77494	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/24
<b>2</b> FILER NAME Quincy, Patrick		<b>3</b> Filer ID
<b>4</b> Date 07/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fragkias, Dimitrios	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>6</b> Contributor address; City; State; Zip Code 19843 Arrowsmith Dr.  Humble, TX 77338		
<b>8</b> Principal occupation / Job title (See Instructions) Police Officer		<b>9</b> Employer (See Instructions) Harris County
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, KP	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code P.O. Box 13711  Sugar Land, TX 77496		
Principal occupation / Job title (See Instructions) County Government		Employer (See Instructions) Fort Bend County
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Brad	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 5200 Pointe West Cir  Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Kevin	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 1119 Dewdrop Point Place  Richmond, TX 77406		
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Fort Bend County
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javed, Abraham	Amount of Contribution (\$)  \$750.00
Contributor address; City; State; Zip Code 11910 S. Hwy 6  Sugar Land, TX 77498		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> Sch: 3/6 Rpt: 6/24
<b>2 FILER NAME</b> Quincy, Patrick		<b>3 Filer ID</b>
<b>4 Date</b> 12/08/2023	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Javed, Mohammad <hr/> <b>6 Contributor address; City; State; Zip Code</b> 2305 Avalon St.  Beaumont, TX 77707	<b>7 Amount of Contribution (\$)</b> \$1,000.00
<b>8 Principal occupation / Job title (See Instructions)</b> Self Employed		<b>9 Employer (See Instructions)</b>
<b>Date</b> 12/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Javed, Muhammed <hr/> <b>Contributor address; City; State; Zip Code</b> 2295 Avalon St.  Beaumont, TX 77707	<b>Amount of Contribution (\$)</b> \$2,000.00
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b>
<b>Date</b> 12/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Javed, Saad <hr/> <b>Contributor address; City; State; Zip Code</b> 2295 Avalon St.  Beaumont, TX 77707	<b>Amount of Contribution (\$)</b> \$1,250.00
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b>
<b>Date</b> 09/14/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jessica <hr/> <b>Contributor address; City; State; Zip Code</b> 4012 S. Dairy Ashford Rd.  Houston, TX 77082	<b>Amount of Contribution (\$)</b> \$20.00
<b>Principal occupation / Job title (See Instructions)</b> Administration		<b>Employer (See Instructions)</b> Harris County Toll Road Auth.
<b>Date</b> 09/25/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Holland <hr/> <b>Contributor address; City; State; Zip Code</b> 5290 Griggs Rd  Houston, TX 77021	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Law Enforcement		<b>Employer (See Instructions)</b> The City

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/24
<b>2</b> FILER NAME Quincy, Patrick		<b>3</b> Filer ID
<b>4</b> Date 07/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June, Saba <hr/> <b>6</b> Contributor address; City; State; Zip Code 17407 Woodfalls Ln  Richmond, TX 77407	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Administration		<b>9</b> Employer (See Instructions) Fort Bend County
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June, Saba <hr/> Contributor address; City; State; Zip Code 17407 Woodfalls Ln  Richmond, TX 77407	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Fort Bend County
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June, Saba <hr/> Contributor address; City; State; Zip Code 17407 Woodfalls Ln  Richmond, TX 77407	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Fort Bend County
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June, Saba <hr/> Contributor address; City; State; Zip Code 17407 Woodfalls Ln  Richmond, TX 77407	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Fort Bend County
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June, Saba <hr/> Contributor address; City; State; Zip Code 17407 Woodfalls Ln  Richmond, TX 77407	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Fort Bend County

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/24
<b>2</b> FILER NAME Quincy, Patrick		<b>3</b> Filer ID
<b>4</b> Date 11/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June, Saba <hr/> <b>6</b> Contributor address; City; State; Zip Code 17407 Woodfalls Ln  Richmond, TX 77407	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Administration		<b>9</b> Employer (See Instructions) Fort Bend County
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Taral <hr/> Contributor address; City; State; Zip Code 7070 Knights Ct.  Missouri City, TX 77459	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smink, Bryan <hr/> Contributor address; City; State; Zip Code 8907 Cresting Ridge  Richmond, TX 77406	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Fort Bend County
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tahir, Imran <hr/> Contributor address; City; State; Zip Code 18939 Oakworth Meadow Ct  Richmond, TX 77407	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tahir, Imran <hr/> Contributor address; City; State; Zip Code 18939 Oakworth Meadow Ct  Richmond, TX 77407	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/24
<b>2</b> FILER NAME Quincy, Patrick		<b>3</b> Filer ID
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Beverly	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code P.O. Box 27005  Houston, TX 77277		
<b>8</b> Principal occupation / Job title (See Instructions) County Government		<b>9</b> Employer (See Instructions) Fort Bend County

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 10/24	
<b>2</b> FILER NAME Quincy, Patrick		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 11/18/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounce That LLC	<b>8</b> Amount of contribution (\$) \$150.00	<b>9</b> In-kind contribution description Bounce House Donation
<b>7</b> Contributor address; City; State; Zip Code 9711 S. Mason Rd.  Richmond, TX 77407		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounce That LLC	Amount of contribution (\$) \$150.00	In-kind contribution description Bounce House Donation
Contributor address; City; State; Zip Code 9711 S. Mason Rd.  Richmond, TX 77407		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Water's Edge Winery & Bistro	Amount of contribution (\$) \$500.00	In-kind contribution description Event Venue
Contributor address; City; State; Zip Code 4828 Waterview Town Center Dr.  Richmond, TX 77407		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 11/24
<b>2</b> FILER NAME Quincy, Patrick		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 07/03/2023	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Quincy, Patrick	<b>9</b> Loan Amount (\$) \$6,665.72
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 5614 W. Grand Pkwy S. #102  Richmond, TX 77406	<b>10</b> Interest Rate
		<b>11</b> Maturity Date 01/01/2025
<b>12</b> Principal occupation / Job title (See Instructions) Law Enforcement		<b>13</b> Employer (See Instructions) Fort Bend County
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/12 Rpt: 12/24	<b>2</b> FILER NAME Quincy, Patrick	<b>3</b> Filer ID
<b>4</b> Date 07/26/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$3.95	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2023	Payee name American Caribbean Chamber of Commerce	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 6201 Bonhomme Rd  Houston, TX 77036	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Back to School Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2023	Payee name American Caribbean Chamber of Commerce	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 6201 Bonhomme Rd  Houston, TX 77036	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Turkey Distribution Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/12 Rpt: 13/24	<b>2</b> FILER NAME Quincy, Patrick	<b>3</b> Filer ID
<b>4</b> Date 09/11/2023	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$74.99	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 12/26/2023	Payee name Facebook	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 08/14/2023	Payee name Family Dollar #8977	
Amount (\$) \$533.24	Payee address; City; State; Zip Code 8106 FM 1464  Richmond, TX 77407	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Back Pack Giveaway
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/12 Rpt: 14/24		2 FILER NAME Quincy, Patrick		3 Filer ID	
4 Date 12/14/2023		5 Payee name Five Below			
6 Amount (\$) \$703.63		7 Payee address; City; State; Zip Code 24101 Brazos Town Crossing  Rosenberg, TX 77471			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Toy Giveaway	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/11/2023		Payee name Fort Bend County Democratic Party			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 13515 SW Freeway Suite 204 Sugar Land, TX 77478			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/11/2023		Payee name Fort Bend County Democratic Party			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 13515 SW Freeway Suite 204 Sugar Land, TX 77478			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Democratic Party Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/12 Rpt: 15/24	<b>2</b> FILER NAME Quincy, Patrick	<b>3</b> Filer ID
<b>4</b> Date 08/10/2023	<b>5</b> Payee name Fort Bend County Fair Association	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 4310 TX-36 S  Rosenberg, TX 77471	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense County Fair Sponsorship
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 08/10/2023	Payee name Kendleton Community Juneteenth Committee	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 13463 TX 541 Loop  Kendleton, TX 77417	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Juneteenth Parade
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/30/2023	Payee name Little Caesars	
Amount (\$) \$84.52	Payee address; City; State; Zip Code 1135 Crabb River Rd.  Richmond, TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Donation for Kendleton Youth Movie Night Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/12 Rpt: 16/24	<b>2</b> FILER NAME Quincy, Patrick	<b>3</b> Filer ID
<b>4</b> Date 08/07/2023	<b>5</b> Payee name Numero	
<b>6</b> Amount (\$) \$47.44	<b>7</b> Payee address; City; State; Zip Code 200 Spectrum Center Dr  Irvine, CA 92618	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 12/05/2023	Payee name Numero	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 200 Spectrum Center Dr  Irvine, CA 92618	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 12/11/2023	Payee name Numero	
Amount (\$) \$47.22	Payee address; City; State; Zip Code 200 Spectrum Center Dr  Irvine, CA 92618	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/12 Rpt: 17/24		2 FILER NAME Quincy, Patrick		3 Filer ID
4 Date 12/12/2023		5 Payee name Numero		
6 Amount (\$) \$19.75		7 Payee address; City; State; Zip Code 200 Spectrum Center Dr  Irvine, CA 92618		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 12/30/2023		Payee name Numero		
Amount (\$) \$86.90		Payee address; City; State; Zip Code 200 Spectrum Center Dr  Irvine, CA 92618		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 07/27/2023		Payee name Office Max		
Amount (\$) \$194.89		Payee address; City; State; Zip Code 23610 Westheimer Pkwy  Katy, TX 77494		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By           | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/12 Rpt: 18/24	2 FILER NAME Quincy, Patrick	3 Filer ID
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4 Date 10/30/2023	5 Payee name SA Nathan LLC
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6 Amount (\$) \$506.99	7 Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2023	Payee name SA Nathan LLC
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Amount (\$) \$154.99	Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/21/2023	Payee name SA Nathan LLC
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Amount (\$) \$256.99	Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/12 Rpt: 19/24	<b>2</b> FILER NAME Quincy, Patrick	<b>3</b> Filer ID
<b>4</b> Date 07/03/2023	<b>5</b> Payee name SA Nathan LLC	
<b>6</b> Amount (\$) \$248.76	<b>7</b> Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought      Office held
Date 07/21/2023	Payee name SA Nathan LLC	
Amount (\$) \$286.88	Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought      Office held
Date 10/23/2023	Payee name SA Nathan LLC	
Amount (\$) \$356.99	Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/12 Rpt: 20/24	2 FILER NAME Quincy, Patrick	3 Filer ID
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4 Date 11/13/2023	5 Payee name SA Nathan LLC
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6 Amount (\$) \$256.99	7 Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name SA Nathan LLC
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Amount (\$) \$306.99	Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/02/2023	Payee name SA Nathan LLC
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Amount (\$) \$556.99	Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/12 Rpt: 21/24	<b>2</b> FILER NAME Quincy, Patrick	<b>3</b> Filer ID
<b>4</b> Date 12/15/2023	<b>5</b> Payee name SA Nathan LLC	
<b>6</b> Amount (\$) \$256.99	<b>7</b> Payee address; City; State; Zip Code 1948 Revolutionary Way  Fort Worth, TX 76119	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing Expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 12/15/2023	Payee name Supreme Party Supply	
Amount (\$) \$84.34	Payee address; City; State; Zip Code 7440 Harwin Dr.  Houston, TX 77036	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 07/26/2023	Payee name TGM Printing	
Amount (\$) \$108.25	Payee address; City; State; Zip Code 13910 Murphy Rd.  Stafford, TX 77477	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/12 Rpt: 22/24	<b>2</b> FILER NAME Quincy, Patrick	<b>3</b> Filer ID
<b>4</b> Date 10/06/2023	<b>5</b> Payee name TGM Printing	
<b>6</b> Amount (\$) \$1,100.00	<b>7</b> Payee address; City; State; Zip Code 13910 Murphy Rd.  Stafford, TX 77477	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 11/18/2023	Payee name Viva Balloons and More	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 6434 Terrell Dr.  Pearland, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Coordinating Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 08/12/2023	Payee name Viva Balloons and More	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 6434 Terrell Dr.  Pearland, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Coordination Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/12 Rpt: 23/24		2 FILER NAME Quincy, Patrick		3 Filer ID	
4 Date 12/16/2023		5 Payee name Viva Balloons and More			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 6434 Terrell Dr.  Pearland, TX 77584			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Coordination Expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/17/2023		Payee name Walmart			
Amount (\$) \$1,378.37		Payee address; City; State; Zip Code 5330 FM 1640  Richmond, TX 77469			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Turkey Giveaway	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/04/2023		Payee name Wix			
Amount (\$) \$350.73		Payee address; City; State; Zip Code 2601 Mission St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 24/24
<b>2</b> FILER NAME Quincy, Patrick		<b>3</b> Filer ID
<b>4</b> Date 07/11/2023	<b>5</b> Name of person from whom amount is received FB County Fairgrounds	<b>8</b> Amount (\$) \$170.00
<b>6</b> Address of person from whom amount is received; City; State; Zip Code 4310 TX 36 S  Rosenberg, TX 77471		
<b>7</b> Purpose for which amount is received Event Deposit Returned		<input type="checkbox"/> Check if political contribution returned to filer