

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Trever

J.

NICKNAME

LAST

SUFFIX

Nehls

OFFICE USE ONLY

Date Received

OCT 28 2025 RCD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3934 Scenic Orchard Ln.
Richmond TX 77407

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 557-1243

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Kerri

M.

NICKNAME

LAST

SUFFIX

Nehls

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

3934 Scenic Orchard Ln.
Richmond TX 77407

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 834-2868

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☒ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,506.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,124.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 Trever J. Nehls, and my date of birth is _____.
 My address is 3934 Scenic Orchard Ln., Richmond, TX, 77407, Ft. Bend.
 (street) (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of Texas, on the 20th day of October, 2025.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,506.92
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	\$ 29,124.38
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: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/2022	5 Full name of contributor Joe Cox ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 18 Dortehea Ln. Sugar Land 77479	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-3-2022	Full name of contributor Howard Heald ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 14335 Ella Blvd. #1003 Houston 77014	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-3-2022	Full name of contributor Franziska Luton ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3902 Scenic Orchard Ln. Richmond 77407	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-3-2022	Full name of contributor Marshall Duka ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4406 Tilbury Trl Richmond 77407	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11-3-2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Frank Crouch	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1718 Pitts Rd Richmond 77406		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-4-2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Satya Kandimalla	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 17319 Galloway Forest Dr. Houston 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-4-2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Douglas Lathrop	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-5-2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chuck Sanchelli	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2307 Mill Creek Dr. SugarLand 71478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11-6-2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Philip Guinn</i>	7 Amount of contribution (\$) <i>15.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-7-2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Amy Mc Allister</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>9503 Crosby Way Mo City 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-7-2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Lynn E Obenhaus</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>15316 FM 102 Eagle Lake 77434</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-7-2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Michael Morgan</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
11-7-2022	Waltraud Springob 707 Santa Maria St. Sugar Land 77478	50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
11-7-2022	Dale Egger 38 Bridgeton Ct. Sugar Land 77479	250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
11-7-2022	Vijay Pallod 1306 Coleridge St. Sugar Land 77479	100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
11-8-2022	Marcos Sainz Contributor address; City; State; Zip Code	2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-8-2022</i> <i>Dan Yokubaitis</i> 6 Contributor address; City; State; Zip Code <i>2022 Old Dixie Dr. Richmond 77406</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-8-2022</i> <i>Jimmy Elkins</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-12-2022</i> <i>Bachphuong Williams</i> Contributor address; City; State; Zip Code <i>8505 Graceful Oak Xing Katy 77494</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-16-2022</i> <i>P. Franz Seitz</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
11-5-2022	Martin Steed			500.00	
	6 Contributor address; City; State; Zip Code				
	602 Pinyon Ct. Richmond 77469				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
11-5-2022	AD Muller			100.00	
	Contributor address; City; State; Zip Code				
	Katy 77450				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
11-2-2022	Rae Spencer			100.00	
	Contributor address; City; State; Zip Code				
	13111 Windmill Grv. Richmond 77407				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
11-2-2022	Scott Byrne			1000.00	
	Contributor address; City; State; Zip Code				
	22018 Oakcreek Hollow Ln. Katy 77450				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-2-2022</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Daniel Quam</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>2503 Stonebury Ln. SugarLand 77479</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11-2-2022</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>John Anderson</i>	Amount of contribution (\$) <i>15.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-2-2022</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Roger Tornga</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-2-2022</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Ora Lee Peters</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Daniel Thalman</i>	7 Amount of contribution (\$)
<i>11-2-2022</i>	6 Contributor address; City; State; Zip Code <i>6943 Overlook Hill Ln. Sugar Land 77479</i>	<i>50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Royce Kemp</i>	Amount of contribution (\$)
<i>11-2-2022</i>	Contributor address; City; State; Zip Code <i>1310 Hitherfield Dr. Sugar Land 77498</i>	<i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Andrew Phung</i>	Amount of contribution (\$)
<i>11-2-2022</i>	Contributor address; City; State; Zip Code <i>7323 Boerne Creek Dr. Richmond 77407</i>	<i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Terry Martinez</i>	Amount of contribution (\$)
<i>11-2-2022</i>	Contributor address; City; State; Zip Code <i>12950 Dairy Asford Rd. Sugar Land 77478</i>	<i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>12-1-2022</i> <i>Roger Castillo</i>	7 Amount of contribution (\$) <i>50.00</i>
	6 Contributor address; City; State; Zip Code <i>8106 Magnolia Brook Ct. Mo. City 77459</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>1-1-2023</i> <i>Roger Castillo</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>8106 Magnolia Brook Ct. Mo City 77459</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>2-1-2023</i> <i>Roger Castillo</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>8106 Magnolia Brook Ct. Mo City 77459</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Gideon Stanley</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>7308 Cortez Ln. Richmond 77469</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Tanner Nehls</i>	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>3029 Powderhorn Pt. Richmond 77406</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Wendy Patterson</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Joseph Hoffman</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>1726 Rock Fence Dr. Richmond 77406</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Kenneth White</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>5702 Overton Park Dr. Katy 77450</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Morris Hewitt</i>	7 Amount of contribution (\$) <i>50.00</i>
	6 Contributor address; City; State; Zip Code <i>9706 Hawkins Ln. Mo. City 77459</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Gregory Armstrong</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>2010 Waterfall Dr. Mo. City 77489</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Jan LeBlanc</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>13507 Greywood Dr. Sugar Land 77498</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>11-2-2022</i> <i>Winfield Haggard</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1419 Caravelle Ct. Katy 77494</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Ian Myslivec</i>	7 Amount of contribution (\$) <i>100.00</i>
<i>11-3-2022</i>	6 Contributor address; City; State; Zip Code <i>3342 Ashland Grove Ln. Sugar Land 77498</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Thomas Blackwell</i>	Amount of contribution (\$) <i>250.00</i>
<i>11-3-2022</i>	Contributor address; City; State; Zip Code <i>1423 Tulane Dr. Richmond 77406</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>David Boehm</i>	Amount of contribution (\$) <i>1000.00</i>
<i>11-3-2022</i>	Contributor address; City; State; Zip Code <i>23503 Eula Mae Ln. Richmond 77469</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Richard Newnom</i>	Amount of contribution (\$) <i>25.00</i>
<i>11-3-2022</i>	Contributor address; City; State; Zip Code <i>26831 Camirillo Creek Ln. Katy 77494</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10-31-2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Joe Adams	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-1-2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Roger Castillo	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 8106 Magnolia Brook Ct. Mo. City 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-6-2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nehls for Congress	Amount of contribution (\$) 2097.64
Contributor address; City; State; Zip Code 555 Metro Place N, Ste 525 Dublin, OH 43017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-24-28	Full name of contributor ☐ out-of-state PAC (ID#: _____) Trevor Nehls	Amount of contribution (\$) 24.28
Contributor address; City; State; Zip Code 3934 Scenic Orchard Ln. Richmond TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2022	5 Payee name Patriot Media LLC		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 9900 Spectrum Drive Austin, TX 78717		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries		(b) Description Field
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 11/1/2022	Payee name Wells Fargo Bank		
Amount (\$) 30.00	Payee address; City; State; Zip Code 1000 Eldridge Rd. Sugar Land TX 77478		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Wire Transfer Fee
	☐ Check if travel outside of Texas. Complete Schedule 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 11/1/2022	Payee name Patriot Media LLC		
Amount (\$) 7402.00	Payee address; City; State; Zip Code 9900 Spectrum Drive Austin, TX 77478		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Field
	☐ Check if travel outside of Texas. Complete Schedule 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/2022	5 Payee name Wells Fargo Bank		
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code 1000 Eldridge Rd. Sugar Land TX 77478		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking		(b) Description Wire Transfer Fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 11/7/2022	Payee name Patriot Media LLC		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 9900 Spectrum Drive Austin, TX 78717		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Field
	☐ Check if travel outside of Texas. Complete Schedule 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 11/8/2022	Payee name Patriot Media LLC		
Amount (\$) 750.00	Payee address; City; State; Zip Code 9900 Spectrum Drive Austin TX 78717		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Field
	☐ Check if travel outside of Texas. Complete Schedule 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11/9/2022		5 Payee name Patriot Media LLC			
6 Amount (\$) 250.00		7 Payee address; 9900 Spectrum Drive		City; State; Zip Code Austin, TX 78717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries		(b) Description Event Staff		
	(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/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/2022		Payee name Patriot Media LLC			
Amount (\$) 500.00		Payee address; 9900 Spectrum Drive		City; State; Zip Code Austin TX 78717	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Field		
	☐ 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 11/14/2022		Payee name Patriot Media LLC			
Amount (\$) 3500.00		Payee address; 9900 Spectrum Drive		City; State; Zip Code Austin TX 78717	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Field		
	☐ 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/2022		5 Payee name Patriot Media LLC			
6 Amount (\$) 750.00		7 Payee address; 9900 Spectrum Drive		City; Austin TX	State; TX
				Zip Code 78717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries		(b) Description Field		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/29/2022		Payee name Wells Fargo Bank			
Amount (\$) 30.00		Payee address; 1000 Eldridge Rd.		City; SugarLand TX	State; TX
				Zip Code 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Wire Transfer Fee		
	☐ Check if travel outside of Texas. Complete Schedule 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 11/29/2022		Payee name Axiom Strategies			
Amount (\$) 2830.00		Payee address; 800 W 47th St., Ste. 200		City; Kansas City MO	State; MO
				Zip Code 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Voter Contact		
	☐ Check if travel outside of Texas. Complete Schedule 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 1/23/2023	5 Payee name Mandi Bronsell	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 3010 River Bend Dr. Rosenberg TX 77471	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries	(b) Description Admin Asst.
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/7/2023	Payee name Wells Fargo Bank	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1000 Eldridge Rd. Sugar Land TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Service Fee
	☐ Check if travel outside of Texas. Complete Schedule 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 4/7/2023	Payee name Wells Fargo Bank	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1000 Eldridge Rd. Sugar Land TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Service Fee
	☐ Check if travel outside of Texas. Complete Schedule 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5-5-2023		5 Payee name Wells Fargo Bank			
6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code 1000 Eldridge Rd Sugar Land TX 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking		(b) Description Service Fee		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 6-7-2023		Payee name Wells Fargo Bank			
Amount (\$) 10.00		Payee address; City; State; Zip Code 1000 Eldridge Rd. Sugar Land TX 77478			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Service Fee		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 7-10-2023		Payee name Wells Fargo Bank			
Amount (\$) 10.00		Payee address; City; State; Zip Code 1000 Eldridge Rd. Sugar Land TX 77478			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Service Fee		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 7-10-2023		Payee name Wells Fargo Bank			
Amount (\$) 10.00		Payee address; City; State; Zip Code 1000 Eldridge Rd. Sugar Land TX 77478			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Service Fee		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 8-7-2023		5 Payee name Wells Fargo Bank			
6 Amount (\$) 10.00		7 Payee address; 1000 Eldridge Rd.		City; Sugar Land TX	State; 77478
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Banking		(b) Description Service Fee	
		(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/OH		Candidate / Officeholder name		Office sought	Office held
Date 9-8-2023		Payee name Wells Fargo Bank			
Amount (\$) 10.00		Payee address; 1000 Eldridge Rd.		City; Sugar Land TX	State; 77478
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Banking		Description Service Fee	
		☐ 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 10-6-2023		Payee name Wells Fargo Bank			
Amount (\$) 10.00		Payee address; 1000 Eldridge Rd.		City; Sugar Land TX	State; 77478
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Banking		Description Service Fee	
		☐ 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-3-2023		5 Payee name Anedot			
6 Amount (\$) 499.80		7 Payee address; City; State; Zip Code 1340 Poydras St. # 1770 New Orleans LA 70112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking		(b) Description Credit Card Processing Fees		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11-3-2023		Payee name Axiom Media			
Amount (\$) 10,000.00		Payee address; City; State; Zip Code 800 W 47th St., Sk. 200 Kansas City, MO 64112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Media		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10-20-2025		Payee name Mandi Bronsell			
Amount (\$) 222.58		Payee address; City; State; Zip Code 3010 River Bend Dr. Rosenberg TX 77471			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Admin Asst		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder