

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Kyle

P

NICKNAME

LAST

SUFFIX

George

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. Box 18711

Sugar Land

TX

77496

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

589 2256

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Sheeba

NICKNAME

LAST

SUFFIX

George

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

1907 Driftstone Court

Richmond

TX

77469

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

294 4085

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

1

/

1

/

25

THROUGH

Month

Day

Year

6

/

30

/

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

3

/

26

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

County Judge

13 OFFICE SOUGHT (if known)

County Judge

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Kyle George

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)

\$ 30,000.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 183,194.20

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 232,299.95

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 5,000.00

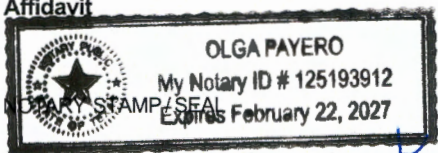
18 SIGNATURE

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

Kyle George
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Kyle George this the 15 day of July,
2025, to certify which, witness my hand and seal of office.

Olga Payero Olga Payero Notary Public, State of Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Kyle George</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,000.00
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	\$ 183,194.20
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	\$ 7,566.92

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: <u>1</u>
2 FILER NAME <u>Kyle George</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-12-2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Juno Point Consulting Company</u>	7 Amount of contribution (\$) <u>\$1,000.00</u>
6 Contributor address; City; State; Zip Code <u>2713 Sattwood Ct Celina Tx 75009</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sunil Komminena - Civitas</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Contributor address; City; State; Zip Code <u>2210 Coral Cove Dr Pearland, TX 77584</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sharat Venkata Kalaga - Civitas</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Contributor address; City; State; Zip Code <u>2000 W Sam Houston Houston, TX 77042</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shapnik Khan</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>PO Box 420811 Houston, TX 77242</u>		
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**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: <u>2</u>
2 FILER NAME <u>Kyle George</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-12-2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lina Sabouni - Auto Arch</u> 6 Contributor address; City; State; Zip Code <u>23 Palm Blvd Missouri City, TX 77459</u>	7 Amount of contribution (\$) <u>\$1,000.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mark Madorsky</u> Contributor address; City; State; Zip Code <u>11301 Smithdale Houston, TX 77024</u>	Amount of contribution (\$) <u>\$1,500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Christopher Conico</u> Contributor address; City; State; Zip Code <u>3 Prato Park Dr. Missouri City, TX 77459</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roy Frank Montal Bano</u> Contributor address; City; State; Zip Code <u>355 Knipp Rd Houston, TX 77024</u>	Amount of contribution (\$) <u>\$500.00</u>
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

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: <u>3</u>
2 FILER NAME <u>Kyle George</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-12-2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Andrew Schatte</u> 6 Contributor address; City; State; Zip Code <u>5330 Montrose Blvd Houston, TX 77005</u>	7 Amount of contribution (\$) <u>\$5,000. ⁰⁰/₁₀₀</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daniel Boggio</u> Contributor address; City; State; Zip Code <u>11 Greenway Plaza Houston, TX 77046</u>	Amount of contribution (\$) <u>\$5,000. ⁰⁰/₁₀₀</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J. L. Chi</u> Contributor address; City; State; Zip Code <u>4408 Camella Ln Bellaire TX 77401</u>	Amount of contribution (\$) <u>\$500. ⁰⁰/₁₀₀</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-12-2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kevin Matocha</u> Contributor address; City; State; Zip Code <u>1600 Hwy SugarLand, TX 77478</u>	Amount of contribution (\$) <u>\$5,000. ⁰⁰/₁₀₀</u>
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Kyle George

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

4-2025

Curtis Lampley
Contributor address:

\$2,500. 00

6 Contributor address; City; State; Zip Code
3233 Prospect St Houston TX 7700

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date _____

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

Amount of contribution (\$)

5-8-2025

Texans For Good Gov't PAC

\$5,000. 00

Contributor address; City; State; Zip Code

99
Petersburg St STE 164 Houston, TX 77007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____

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

Amount of contribution (\$)

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#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**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 K: **1****2** FILER NAME

Kyle George

3 Filer ID (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received

Frost Bank

8 Amount (\$)

4,073.66

6 Address of person from whom amount is received; City; State; Zip Code
23519 Brazos Town Crossing Rosenberg TX 77471**7** Purpose for which amount is received

Check if political contribution returned to filer

CD Investment income of Campaign Funds.

Date

Name of person from whom amount is received

Frost Bank

Amount (\$)

3,493.26

Address of person from whom amount is received; City; State; Zip Code

23519 Brazos Town Crossing Rosenberg TX 77471

Purpose for which amount is received

Check if political contribution returned to filer

CD Investment income of Campaign Funds.

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

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
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 Kyle George		3 Filer ID (Ethics Commission Filers)	
4 Date 1-1-2025		5 Payee name Rushy Hardin & Associates LLC			
6 Amount (\$) \$25,000.00		7 Payee address; 1401 McKinney St Ste 2250		City; Houston,	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description Legal Fees	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3-25-2025		Payee name Emmanuel Guerrero Campaign			
Amount (\$) \$500.00		Payee address; 1039 Willow Oaks Cir. Pasadena, TX 77506		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description Campaign Contribution	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-7-2025		Payee name Woodfill Law Firm			
Amount (\$) \$25,000.00		Payee address; 3 Riverway Ste 750		City; Houston,	State; Zip Code TX 77036
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description Legal Fees	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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 <u>Kyle P. George</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-19-2025</u>	5 Payee name <u>Terry W. Yates & Associates</u>			
6 Amount (\$) <u>\$25,000.00</u>	7 Payee address; <u>6750 West Loop</u> <u>Ste 845</u>		City; <u>Bellaire,</u>	State; <u>TX</u>
			Zip Code <u>77401</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <u>Legal Fees</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
<hr/>				
Date <u>4-24-2025</u>	Payee name <u>Woodfill Law Firm</u>			
Amount (\$) <u>\$27,000.00</u>	Payee address; <u>3 Riverway</u> <u>Ste 750</u>		City; <u>Houston,</u>	State; <u>TX</u>
			Zip Code <u>77056</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <u>Legal Fees</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
<hr/>				
Date <u>5-16-2025</u>	Payee name <u>Woodfill Law Firm</u>			
Amount (\$) <u>\$25,000.00</u>	Payee address; <u>3 Riverway</u> <u>Ste 750</u>		City; <u>Houston,</u>	State; <u>TX</u>
			Zip Code <u>77056</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <u>Legal Fees</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 <u>Kyle P. George</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>6-1-2025</u>		5 Payee name <u>Woodfill Law Firm</u>			
6 Amount (\$) <u>\$25,000.00</u>		7 Payee address; <u>3 Riverway</u> <u>Stc 750</u>		City; <u>Houston,</u>	State; <u>TX</u>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <u>Legal Fees</u>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>6-3-2025</u>		Payee name <u>Steve Rogers for</u> <u>268th District Judge Campaign</u>			
Amount (\$) <u>\$500.00</u>		Payee address; <u>P.O Box 591015</u>		City; <u>Houston</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <u>Campaign Contribution</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>6-4-2025</u>		Payee name <u>Law Office of Daniel E. Lazarine PLLC</u>			
Amount (\$) <u>\$5,000.00</u>		Payee address; <u>1 Sugar Creek Center Blvd</u>		City; <u>Sugar Land</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <u>Legal Fees</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 6-10-2025		5 Payee name The Yates Company			
6 Amount (\$) \$25,000.00		7 Payee address; City; State; Zip Code PO Box 75190 Houston TX 77234			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Services.		(b) Description Campaign Consulting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/31/25		Payee name Service Charge / Fee - Frost Bank			
Amount (\$) \$ 10		Payee address; City; State; Zip Code 23519 Brazos Town Crossing Rosenberg TX 77471			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description Service Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-1-2025		Payee name Google work space Solutions			
Amount (\$) 30.00		Payee address; City; State; Zip Code Mountain View CA 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description Monthly Subscription.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 <i>Kyle P. George</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-1-2025</i>	5 Payee name <i>Google Inc.</i>			
6 Amount (\$) <i>30.10</i>	7 Payee address;		City; <i>Mountain view</i>	State; <i>CA</i>
		Zip Code <i>94043</i>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Google work space solutions</i>		(b) Description <i>Monthly subscriptions</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date <i>3-1-2025</i>	Payee name <i>Google Inc.</i>			
Amount (\$) <i>30.10</i>	Payee address;		City; <i>Mountain view</i>	State; <i>CA</i>
		Zip Code <i>94043</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Google Workspace Solutions</i>		Description <i>Monthly Subscriptions</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date <i>4-1-2025</i>	Payee name <i>Google Inc.</i>			
Amount (\$) <i>30.10</i>	Payee address;		City; <i>Mountain view</i>	State; <i>CA</i>
		Zip Code <i>94043</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Google workspace solutions</i>		Description <i>Monthly subscriptions</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
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 FILER NAME <i>Kyle P. George</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-1-2025</i>		5 Payee name <i>Google Inc</i>			
6 Amount (\$) <i>30¹⁰</i>		7 Payee address; City; State; Zip Code <i>Mountainview CA. 94043</i>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Google workspace Solhins</i>		(b) Description <i>Monthly subscriptions</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>6-1-2025</i>		Payee name <i>Google Inc.</i>			
Amount (\$) <i>30¹⁰</i>		Payee address; City; State; Zip Code <i>Mountainview CA. 94043</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Google workspace Solhins</i>		Description <i>Monthly subscriptions</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED