# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics (	Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	Trails		MI		USE ONLY
NAME	NICKNAME	Mc Gee		SUFFIX	Date Received	ED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 5747	2akefield	5TATE: 5TATE: 770.33	ZIP CODE	DEC - 6	2023 RETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 488-770	EXTENS	ION		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Tahir		MI,	Receipt #  Date Processed	Amount \$
NAME	NICKNAME	Charles		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	NO PO BOX PLEASE); APT / S	UITE #; CITY	<b>'</b> ;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	14143	Winecup	o Ln H	louston	178	77047
8 CAMPAIGN TREASURER PHONE	(83)	541-5962	EXTENS	ION		
9 REPORT TYPE	January 15	30th day before e		noff	treasurer a	er Only)
	July 15	8th day before ele	CUOII	ceeded Modified porting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	30 / 23	THROUGH	Month /	Day Year	13
11 ELECTION	ELECTION DA	D Brimary	Runoff	Other		
	12/9	year General	Special	Description		
12 OFFICE	OFFICE HELD (if any)	NA	13 OFFICE	SOUGHT (if known	it D	
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE.			DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		/		
Additional Pages	GENERAL	COMMITTEE ADDRESS		A/	1	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	10/	1+	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	/ /		
9		GO ТО	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	TOTAL UNITEMIZED POLITICAL C     PLEDGES, LOANS, OR GUARANTI     CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$ 263.77
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$ 6900.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	(PENDITURE.	\$ 663.75
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 4,487.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	TDAY \$ 241252
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING PI		THE \$
	rear, or affirm, under penalty of perjury, that irred to be reported by me under Title 15, Electi		and correct and includes all information
rec	area to be reported by the under Title 13, Election	on code.	
	:-	Signature of Ca	ndidate or Officeholder
		Signature of Sal	indicate of Cinconology
	Please complet	e either option below	:
(1) Affidavit			
NOTARY STAMP/SEA			
Sworn to and subscribed	pefore me by	this the	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ng oath Printed name of officer	administering oath	Title of officer administering oath
	OF		
(2) Unsworn Declarati	n . A		
My name is 570	VIS McGec	and my date of birth is	2-16-74
My address is	(street)	(city)	state) (zip code) (country)
Executed in	County, State of CX9)	on the day of	20 (year)
		Signature of Candid	late/Officeholder (Declarant)

### SCHEDULE A1

		Control of the Contro	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	Trajis McGee		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/6/23	6 Contributor address; City;	State; Zip Code	\$107.73
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	1 .	Amount of contribution (\$)
11/1/23	Contributor address; City;	State, Zip Code	\$100.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/8/23	LG Dawn PIETCHE Contributor address; City:	State; Zip Code	\$107.73
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
11/9/23	KGVING QUESQ A	State; Zip Code	\$150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor			7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor  Contributor address;  City:	State; Zip Code  Employer (See Instruc	Amount of contribution (\$)
Date	Full name of contributor   out-of-state PA	State; Zip Code  Employer (See Instruc	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Institut	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIN E AS	NEEDED
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins	truction guide for additional	reporting requirements.

#### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	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 (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date  Full pame of contributor    Out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	9/00.00 ions)
Date  Full name of contributor  Out-of-state PAC (ID#:)  Contributor address;  City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date  Full name of contributor  Out-of-state PAC (ID##	Amount of contribution (\$)  \$\\$ 500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

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

ii tiio roquoo	ica mormation is not approved.		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Travis McGeo		3 Filer ID (Ethics Commission Filers)
1 //4/23	5 Full name of contributor Out-of-state PAC  6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 11/28/33	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date /////33	Full name of contributor Out-of-state PAG  LONG  Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date   1 / 12/33	Full name of contributor out-of-state PAGE Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)
*			
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst	OF THIS SCHEDULE AS I	NEEDED reporting requirements.

### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	Trasis Mage	,	3 Filer ID (Ethics Commission Filers)
Date A Date	S' Maddae	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor outset-state	PAC (IDH: ) NKINS	Amount of contribution (\$)
1/5/23	Contributor address; City;	State; Zip Code	\$50.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state	⇒ PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
		and the same of th	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS	NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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 A2:	
2 FILER NAME AND TOWNS MCGCC		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
Michael Coleman  7 Contributor address; City; State; Zip Code		8 Amount of Contribution \$\frac{9}{100000000000000000000000000000000000		
1 III o pai 300				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$\frac{1}{1}  \text{In-kind contribution description} \\ \frac{1}{1}  \text{Check if travel outside of Texas. Complete Schedule T.}	
	Lab title (EOD NON, ILIDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE 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
Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (enter a extension not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political			rel Out Of District er (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME TVALIS MO	Gel 3 F	iler ID (Ethics Commission Filers)
4 Date 10/31/23	5 Payee name Well Forgo		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this so	nedule) (b) Description	
PURPOSE OF	Fees	Bank	Lees
EXPENDITURE	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date / )	Payee name		
11/1/23	Face book		State; Zip Code
Amount (\$)	Payee address;	City:	State, Zip oddo
	Category (See Categories listed at the top of this sch	dedule) Description	
PURPOSE OF EXPENDITURE	Fee	Adverst	sins
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date 11/6/23	Payee name Nyle Graphi	W	
Amount (\$)	Payee address;	City;	State; Zip Code
\$215.42			
	Category (See Categories listed at the top of this so	nedule) Description	
PURPOSE OF EXPENDITURE	Advertising Ex	cens Push i	Cards
	Check if travel outside of Texas. Complete Sci		officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDE	D

## 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
Gredit Card Payment	The Instruction Guide explain	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 11/6/23	5 Payee name CKWalker	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$260.00		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Ex	ense Blockwalking
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 1	Payee name	
11/4/23	Walmart	City: State: Zip Code
Amount (\$)	Payee address;	City; State; Zip Code
\$103.99		
•	Category (See Categories listed at the top of this	schedule) Description
PURPOSE OF EXPENDITURE	Adversting Expe	nge Office Supplies
PHESION III	Check if travel outside of Texas. Complete 8	Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/Ol		
Date /	Payee name	
11/10/23	Chevron	
Amount (\$)	Payee address;	City; State; Zip Code
\$50.00		
	Category (See Categories listed at the top of this	schedule) Description
PURPOSE OF EXPENDITURE	Travel	Gas
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Event Expense Office Overhead/Rental Expense Accounting/Banking Fees Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date Zip Code City; State: 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Zip Code State: City; Description Category (See Categories listed at the top of this schedule) Ostage Stamps PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Democratic Part State: Zip Code Payee address; Amount (\$ Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Office Overhead/Rental Expense Accounting/Banking Fees Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Food/Beverage Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Zip Code City; State: 7 Payee address (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code State: City; Payee address: Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Zip Code State: City; Payee addr Amount Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

# 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

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense ee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains		
1 Total pages Schedule F1: 2 FILE	ER NAME		3 Filer ID (Ethics Commission Filers)
I Total pages schedule 11. 2 The	/	,	
4 Date 1/1/23 5 Paye	ee name Wock We//	K	7in Codo
6 Amount (\$) / 7 Paye	ee address;	City;	State; Zip Code
840.00			
(a) Ca	tegory (See Categories listed at the top of this s	(b) Description	110
PURPOSE OF EXPENDITURE	HoverFISING	15100k	walking
(c)	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	tin, TX, officeholder living expense
	andidate / Officeholder name	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/OH	andidate? Officeriolog, Harris		
Date / / Pay	ee name	11	/
11/21/23	Welt	Wood Heres	State: Zip Code
Amount (\$) Pay	ree address;	City;	State; Zip Code
\$3,00			
Cat	tegory (See Categories listed at the top of this s	chedule) Description	1 /
PURPOSE OF EXPENDITURE	Fee	Ban	k Fee
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct C expenditure to benefit C/OH	andidate / Officeholder name	Office sought	Office held
Par	yee name		
Date 1/21/23	Well Farg	0	
Amount (\$) Pay	yee address;	City;	State; Zip Code
12.50			
Ca	tegory (See Categories listed at the top of this s		
PURPOSE OF EXPENDITURE	Fee	Bri	nk Feco
	Check if travel outside of Texas. Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	EEDED

## SCHEDULE F1

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

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

Loan Repayment/Reimbursement Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Trasks	McGee	3 Filer ID (Ethics Commission Filers)
4 Date 1223	5 Payee name FIRSTG	4	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	1
PURPOSE OF EXPENDITURE	Food/Bevery	ge Stru	or Event
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/127/23	Cobe ma	1	
Amount (\$)	Payee address;	City;	State; Zip Code
1	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE OF EXPENDITURE	Storage	Ston	ago
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
11/27/23	Payee name UDRS MG1	1	
Amount (\$)	Payee address;	City;	State; Zip Code
85,68			
	Category (See Categories listed at the top of thi	Description	
PURPOSE OF EXPENDITURE	Storage	St	orase
	Check if travel outside of Texas. Complete	e Schedule T. Check if Aus	itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

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

II tilo Todasses illinois									
EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense j Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)						
1 Total pages Schedule F1: 2 FILER NAME TYAULS MCGER 3 Filer ID (Ethics Commission File)									
4 Date, 1/2-1/23	5 Payee name DPRA Mad								
6 Amount (\$)	7 Payee address;	City;	State; Zip Code						
\$50.00									
8	(a) Category (See Categories listed at the top of this schedule	(b) Description							
PURPOSE OF EXPENDITURE	Travel	60	rs						
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held						
Date 11/27/23	Nyce Grapm	éS							
Amount (\$)	Payee address;	City;	State; Zip Code						
8215.42	*								
The state of the s	Category (See Categories listed at the top of this schedule	Description	,						
PURPOSE OF EXPENDITURE	Advertising Push Cords								
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held						
Date 11/21/23	Payee name Travis McGel	/							
Amount (\$)	Payee address;	City;	State; Zip Code						
\$800.00									
	Category (See Categories listed at the top of this schedule	Description	1						
PURPOSE OF EXPENDITURE	Reimbursemen	4 Kei	mbursmen4						
	Check if travel outside of Texas. Complete Schedule	Check if Aus	tin, TX, officeholder living expense						

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

## SCHEDULE F1

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

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

Advertising Expense
Accounting/Banking

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense	Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains	now to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Date 11 27 23	5 Payee name Well Few S	& Block Walker				
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
40.00						
8	(a) Category (See Categories listed at the top of this so	nedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertisins	Blockwalking				
	(c) Check if travel outside of Texas. Complete Sch	edule 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				
11/27/33	Payee name Well Flugo	City: State; Zip Code				
Amount (\$)	Payee address;					
	Category (See Categories listed at the top of this sch	edule) Description				
PURPOSE OF EXPENDITURE	Fee	Bank Fees				
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held				
Date 1/1)9/33	Payee name					
Amount (\$)	Payee address;	City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	se Linch				
	Check if trave outside of Texas. Complete Sci	0.00				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/Donations Made By Candidate/Officeholder/Political		Memorials Expense	Printing Expense Salaries/Wages/Contract	Travel Out Of Labor Other (enter a	District category not listed above)		
Credit Card Payment			s how to complete this	form.			
1 Total pages Schedule F1:	2 FILER NAME		A 1	3 Filer ID	(Ethics Commission Filers)		
4 Date / 1 / 20/22	5 Payee name	ock Wal	Re / Po	11 Work			
6 Amount (s) 700	7 Payee address;		Ci	ty; Stat	te; Zip Code		
8	(a) Category (See Category	ries listed at the top of this s	schedule) (b) Descr	iption			
PURPOSE OF EXPENDITURE	Polling Expenses						
	(c) Check if travel of	utside of Texas. Complete Sc	Check if Austin, TX, officehold	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	nolder name	Office	sought	Office held		
Date	Payee name						
Amount (\$)	Payee address;		Ci	ty; Sta	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categor	es listed at the top of this so	chedule) Descri	iption	2		
	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 / Officel	nolder name	Office	sought	Office held		
Date	Payee name						
Amount (\$)	Payee address;		С	ity; Sta	ite; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categor	ies listed at the top of this s	chedule) Desc	ription			
	Check if travel	outside of Texas. Complete Se	chedule T.	Check if Austin, TX, officehold			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Office	holder name	Office	sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							