CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CIOH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE! FIRST ME OFFICE USE ONLY OFFICEHOLDER NAME Date Received NICKNAME SUFFIX uridae CANDIDATE! APT / SUITE # ADDRESS / PO BOX: OYCE HUDMAN. STATE; ZIP CODE OFFICEHOLDER RK. BRAZORIA CO., TEX CO MAILING **ADDRESS** Change of Address CANDIDATE Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged Durridge STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY: STATE: ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) CAMPAIGN EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment **Exceeded Modified** July 15 8th day before election Final Report (Altach C/OH - FR) Reporting Limit 10 PERIOD Menth Day Month COVERED THROUGH ELECTION TYPE 11 ELECTION **ELECTION DATE** Other Year Menth Description General 2024 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (If any) Commissioner in Brownia PC+.1 this box is for notice of political contineutions accepted or political expenditures made by political committees to support The candidate / officeholder. These expenditures may have been made without the candidates or officeholders innoveede or Consent: Candidates and officeholders are required to report this information only if they receive notice of such expenditures. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	T FINANCE REPORT	COVER GREET FG 2
JOY BUTTO		Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
* * * * * * * * * * * * * * * * * * * *	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1250
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O
	4. TOTAL POLITICAL EXPENDITURES	\$32277
CONTRIBUTION BALANCE	5. Total political contributions maintained as of the last i of reporting period	\$46,561
OUTSTANDING LOAN TOTALS	6. Total principal amount of all outstanding loans as of ti last day of the reporting period	\$ 70,000
(1) Afficiavit NOTARY STAMP/SEAL Sworn to and subscribed 20 24 to certify	Please complete either option below: KELLIE SUZANNE FISK Nictary Public-State of Texas Notary ID #12952158-8 Commission Exp. NOV. 10, 2025 before me by	the day of January. Adams
Signature of officer administer		Title of officer administering cath
	OB	a x a 120 121
(2) Unaworn Declaration	en .	
My name is	, and my date of birth is	
	(street) (city) (state	
Executed in	County, State of, on theday of(month)	(year)
	Signature of Candidate	/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	RNAME	20 Filer ID (Ethics Co	mmission Filers)
	Jay Burridge		
21 SCH NAM	EDULE SUBTOTALS IE OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1250
2.	SCHEDULE AZ: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 600
э. [SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$32277
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	Business of C/OH	\$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

MONE	TARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 7	otal pages Schedule A1:
2 FILERNAME	Buridge	3 F	iler ID (Ethics Commission Filers)
7/26/b3	5 Full name of contributor out-of-state PAC (ID#:	7 A	Amount of contribution (\$)
SHF W	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) TO DCY Daven post Contributor address; City; State; Zip Code		mount of contribution (\$)
12/18/18	Freeport, 7X-77541	d	307
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	tions)	
Date	Full name of contributor	A	mount of contribution (\$)
	Contributor address; City; State; Zip Code		
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	tions)	
Date	Full name of contributor	A	mount of contribution (\$)
	Contributor address; City; State; Zip Code		
. Principal occur	ation / Job title (See instructions) Employer (See Instructions)	tiane)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ī	he Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:			
2 FILER NAM	ne ay Buridge	3 Filer ID (Ethics Commission Filers)			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS \$ 600			
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	DON TX77531 Check if travel outside of Texas. Complete Schedule T			
Self o	employed	Self			
	s principal obcupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	r is a child, law firm of parent(s) (If any) (FOR JUDICIAL)				
Date	Full name of contributor	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State; Zip Cod	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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

	EXPENDITURE CATEGORIE		g gy v ti s <u>-</u> > ti tito	
Advertising Expense Accounting/Bariking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office C Food/Beverage Expense Polling Gilt/Awards/Memorials Expense Printing Committee Legal Services Salerie	epayment/Reimbursement Overhead/Rental Expense Expense g Expense g:Mages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Gradit Card Payment	The Instruction Guide explains how t	a complete this form.		
A mark and a mark that a mark	2 ELLER NAME		3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F1:	Jay Burriege		and the second s	
4 Date /	5 Payee name			
11612	HENTY WIDIEL	City;	State; Zip Code	
6 Amount (S)	7 Payee address?	,,,		
800.00	4203 Glade Shedou	J. Ct. Koty	TX77494	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE				
. OF	advertising	Dushcord	<u>C</u>	
EXPENDITURE				
- VIO. VIO.	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	gantajan kara di kati melandan perangan karangan kangan kangan kangan kangan kangan kangan di di di di di di d		
7/(0/1)	Herry Dibrell			
Amount (\$)	Payee address;	City;	State; Zip Code	
Ç.		2		
1500	4203 Glade Shodow	Ct. Katy	Tx 77494	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Name of the second		
OF EXPENDITURE	Campaign Consulting	M. J. A. A		
EVERANIGUE		payment		
	Check if travel outside of Texas. Complete Schedule T		in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name	A STATE OF THE STA		
7/1/13	BACH			
Amount (\$)	Drive address	Cit	State: Zin Code	
Amount (\$)	Payee address;	City;	State; Zip Code	
103.00	120 E. Hospital Dr.	Analeton .	TX 77515	
	Category (See Categories listed at the top of this schedule)			
PURPOSE		No.		
OF EXPENDITURE	To ad Milar	121110 1	ck.u	
LA LINE UNE	runa use	10 VIF H	West .	
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

THE PERSON NAMED IN COLUMN TO PE	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Over Polling Expense Polling Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Salaries Printing Expense	kpense //agea/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Gredit Card Payment	The instruction Guide explains how to c	omplete this form.	Opposite Commission Filoro			
1 Total pages Schedule F1:	2 FILER NAMES		3 Filer ID (Ethics Commission Filers)			
4 Date;	5 Payee name					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
100.35	137 E Mulberry A	nolation 7	TX 77515			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE						
OF EXPENDITURE	adver Hising	CODS				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	9				
7/25/23	R. Ha Sieva					
Amount (\$)	Payee address;	City;	State; Zip Code			
119.14	11525A Stonehollow Dr.	St. 100 Au	ustin TX. 78758			
Market 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	_					
EXPENDITURE	advertising	Signs				
	Check if travel outside of Texas. Complete 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			
Date	Payee name					
7/27/23	Henry Dibrell		1			
Amount (\$)	Payee address;	City;	State; Zip Code			
4750,00	4203 Glade Shedow	Ct. Katy	Tx 77494			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF						
EXPENDITURE	Compaign consulting	Dayment				
	Check if travel outside of Texas. Complete Schedule T.	PORTO DE 1000-1000	slin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			
	and the state of the same and the same state of the same same same and the same same same same same same same sam					

SCHEDULE F1

	EXPENDITURE CATEGORIES	Old BOY play	5 S 650 MHZ.		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Over Polling Expense Polling Expense Polling Expense Polling Expense Printing Expense Salaries N	rpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The instruction Guide explains how to c	ompiete this form.			
4			3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1:	2 FILER NAME				
	5 Payee name				
4 Date					
7128/25	Pops and Hopi CCC	City;	State; Zip Code		
6 Amount (S)	7 Payee address;	Oity,	School Schoolschelder		
		٨٠٠			
1 50	(410) Sealer St.	Alon	TX 77511		
47,	What at the ten of this schedule)	(b) Description	The second secon		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Decempor			
PURPOSE					
OF	Event expose	Alun FW	1		
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	in, TX, afficeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O					
Date	Payee name				
~ 1. 1	۸.				
1/30/23	Niscount Muss				
Amount (\$)	Payee address;	City;	State; Zip Code		
		170 B12			
11	101 100 100 100	Λ	5, 20,00		
162.62	112610 NW 115th Ave	Many	FL 33178		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	564 570 5 W				
OF	Λ,	Λ.			
EXPENDITURE	Advertising	Pens			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			The same of the sa		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
avhenutrie in penetit Olor	`				

Date	Payee name				
2/3/3	N. D. I. A.				
012/05	Hunry Bibnell - Assoc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
1 120.00					
429 00	1 1207 CIL (1 12 - 01	1/01	71/ 77/10/1		
101.	7203 Globe Shooling Ct.	loty	TX 77494		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EVDENDITUDE	Advertising	010			
EXPENDITURE	HUMAIONA	ads	**************************************		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	n, TX, officeholder living expense		
Complete Chil V is direct	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OF		Auto ondatt	Office field		
where The passes is the result of the Control of th					
CONTRACTOR OF THE PROPERTY OF	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIN E VONE	ENEN		
	ATTACHADOTHORAE OUTER OF THIS	CONEDUCE NO NE	But he' the tur		

SCHEDULE F1

			Toward and the control of the contro					
	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense	Event E	xpense	Loan Recay	/ment/Reimbursement	©olisiteties#⊏	diring post of the second		
Accounting/Banking Consulting Expense	Fees		Office Over	head/Rental Expense	Transportation	undraising Expense in Equipment & Related Expense		
Contributions/Donations Made B	FOOD/BE V Giff/Awa	everage Expense ards/Memorials Expense	Polling Exp		Travel In Dist	trict		
Candidate/Officeholder/Politics			Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel Out O	f District a category not listed above)		
Credit Card Payment	The I	nstruction Guide explain		The state of the s	Onlei (el liel a	category not listed above)		
		nsauction duide explain	s now to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)		
	Jan K	wide.				· · · · · · · · · · · · · · · · · · ·		
4 Date	5 Payee name	E11090						
7/2/2	17	1 / D	1					
110/03	Moroswa	od (BISD						
6 Amount (\$)	7 Payee address;			City;	Stat	te; Zip Code		
11,-00		2		ė.				
ad2.	Drawer	_	1	reasont	TX	77541		
8	(a) Category (See Ca	tegories listed at the top of this s	ochodulo)	(b) Description		113 [1		
	(w) Galogory (accou	regories listed at the top of this s	scriedulej	(b) Description				
PURPOSE	¥.		1					
OF EXPENDITURE	1 1 10-17	2	ŀ	0 1				
EXPENDITURE	Advertisis	Y		ua				
	(C) Check if tra	ver outside of Texas. Complete Sc	hedule T.	Check if Aus	stin, TX, officeholde	er living expense		
9 Complete ONLY if direct	Candidate / Offi	ceholder name		Office sought				
expenditure to benefit C/OF		CONORCE HATTIC		Onice sought		Office held		
			25					
Date	Payee name	967. D. 19.						
21	- Cycondino							
X Dalaz	RICA							
0 10 11 03	1)1211							
Amount (\$)	Payee address;	**		City;	Stat	e; Zip Code		
_ }				(80)				
20000	N .			<i>n</i> ,	70-	** ***		
$\alpha \omega$.	Warer (reeport	1	(X	775	66		
	Category (See Cate	gories listed at the top of this so	hedule	Description		~ Z		
	Talled , (con our	garino intea at 0:0 top 01 tillo 30.		Description				
PURPOSE								
OF EXPENDITURE	Advertisen	ant		0.1				
EXPENDITORE	Harry tisen	<u>u 11</u>		ad				
	Check if tra	vel outside of Texas. Complete Sch	hedule T.	Check if Aus	tin, ^T X, officeholde	r living expense		
Complete ONLY if direct	Candidate / Offi	ceholder name		Office sought		Office held		
expenditure to benefit C/OH								
					Tar.			
n	Poves no							
Date	Payee name							
21,21,	A							
017711	Amoron							
Amount (\$)	Payee address;	· · · · · · · · · · · · · · · · · · ·		O'h	64-1	7:- 01-		
7 (Tribunit (4)	ayec address,			City;	State	e; Zip Code		
100	2.1	1	0.000					
172.11	410 Tar	a. The Al		la IV	WA	92120		
10.11	110 161	14 MUC 10	X	LNO CE	NON	98109		
	Category (See Cate	gories listed at the top of this sch	hedule)	Description				
PURPOSE				NO.				
OF	Event			Tent				
EXPENDITURE	CVOIG			IDAT				
<u> </u>	Check if tran	rel outside of Texas. Complete Sch	edule T.	Check if Aust	lin, TX, officeholder	living expense		
0			and a second second second second		4			
Complete ONLY if direct	Candidate / Offi	cenoider name		Office sought		Office held		
expenditure to benefit C/OH								
					•			
	ATTACHAI	DDITIONAL COPIES C	OF THIS S	CHEDULE AS NE	EDED			

SCHEDULE F1

	EXPENDITURE CATEGORIA	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Transportation Travel In Distri Travel Out Of (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 (I	Ethics Commission Filers)	
4 Date \$ 125 23	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State	; Zip Code	
150.00	225 Parking Way	(du Jac		77,166	
8	(a) Category (See Categories listed at the top of this sol		300 + 1/	11/00	
PURPOSE					
OF EXPENDITURE	Event	tickets			
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Au	ıstin, TX, officeholder	living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
8/26/23	Amozon				
Amount (\$)	Payee address;	City;	State	; Zip Code	
45.89	410 Terry Ave A) Seattle	WA	98109	
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE					
OF EXPENDITURE	Advantagio	Stickers			
LAI LIIDIIOIL	-tmo-tizing		4 4		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	stin, TX, officeholder	living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
	0				
8 24 23	VX+ office				
Amount (\$)	Payee address;	City;	State;	Zip Code	
198.00	210 Oak Dr. S.	Gletzickson	72 -	77566	
	Category (See Categories listed at the top of this schel	dule) Description	11,	<u>, </u>	
PURPOSE					
OF EXPENDITURE	-11-	Stamps for		-	
	OTNE		mailout		
3. NO. (\$10. other res)	Check if travel outside of Texas. Complete School	<u> </u>	tin, TX, officeholder I	lving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	T) T) T)	ravel In District ravel Out Of Distr	ipment & Related Expense		
		The Instruction Guid	le explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER N	ME Burridge			3	Filer ID (Ethi	cs Commission Fifers)
4 Date 9/5/23	5 Payee na	ry Dibrell					
6 Amount (\$)	7 Payee ad	dress;		City;	i i	State;	Zip Code
3000.00	4203	Glade Si	hadow Ct.	Katy	T	× -	77 494
8	(a) Category	(See Categories listed at the	e top of this schedule)	(b) Description			
PURPOSE	_			ĺ			
OF EXPENDITURE	(1800	1 days		Fee + Ad	., [. .	
	(c)	Check if travel outside of Texas.	Complete Schedule T.	220 23		, officeholder livir	IT EVDERSE
9 Complete ONLY if direct		ite / Officeholder name		Office sought			Office held
expenditure to benefit C/OI				Office adagme			Office freid
Date	Payee na	me	. 10.			<u> </u>	
9/5/23	Custo	m l'onword	Net				
Amount (\$)	Payee add	dress;	100	City;	A CONTRACTOR OF THE PARTY OF TH	State:	Zip Code
213.52	1610	7 Kensingto	00 10 # 1	12 Sugarlan	w.	TX 7-	1479
	Category	(See Categories listed at the	top of this schedule)	Description			
PURPOSE OF	l a						
EXPENDITURE	Advert	risino		merchandi	CR		
		Check if travel outside of Texas.	Complete Schedule T.			officeholder livin	o eypense
Complete ONLY if direct		te / Officeholder name		Office sought		T WINDONG IVIII	Office held
expenditure to benefit C/OH							Onioo nota
	1400	Juni vide					1.5 1.5 1.5 1.5
Date	Payee na	ne					
415/23	Nice	I.M	8				
Amount (\$)	Payee add	Milanda		City;	·	Ototo	Zin Code
(4)	i ayoo aa			City,		State;	Zip Code
148.14	19910		5th Ave	Miami	FL	33	178
	Category	See Categories listed at the t	op of this schedule)	Description		•	
PURPOSE	A 1						
EXPENDITURE	Found	ising		merchandi	L		
	C	heck if travel outside of Texas. (Complete Schedule T.	Check if Aus	stin, TX,	officeholder living	ı expense
Complete ONLY if direct		e / Officeholder name	9	Office sought			Office held
expenditure to benefit C/OH							
	ΔΤΤ	ACH ADDITIONAL C	OPIES OF THIS	SCHEDIJI E AS NE	EDE)	
	A11	TOTAL TOTAL O	O. ILO O. 71113	OUT ILDULE AS IN	- L- W C- L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Or Food/Beverage Expense Polling E Printing		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In 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 TOWN BUSTICLES	****	3 Filer ID (Ethics Commission Filers)		
4 Date 9(7)3	5 Payee name POPS and Hops				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
20°00	419 W Sealy St	Alvin	TX 77511		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Alvin F	\sim		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9/7/23	B.C. Hispanic Chamber				
Amount (\$)	Payee address;	City;	State; Zip Code		
100.00	200 Ward St. St. 210) Freeport,	TX 77541		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donation	Fundraiser	Trokets		
	Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9/18/23	Browsont Lular				
Amount (\$)	Payee address;	City;	State; Zip Code		
250.00	P.O Box 2305 Freepart		121		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event	Fundraise	Fee (Sponsor)		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

				La company de		
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Foos Foos Foos Gib/Awards/Memorials Expense Gib/Awards/Memorials Expense Legal Services Credit Card Payment Loan Ropayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Tran Tran Tran	citation/Fundraising Expense reportation Equipment & Related Expense yel in District yel Out Ol District sr (enter a category not listed above)
	·		ins how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	4 Buridse		The state of the s	3 F	iler ID (Ethics Commission Filers)
4 Date O d d	5 Payee na	O -1				
6 Amount (\$)	7 Payee ad	dress; City; State;	Zip Code			
1500.00		3 Glade Shade	w Ct.	Kat	LT	× 77494
8	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE						Texas. Complete Schedule T.
OF EXPENDITURE				Check if Aus	tin, TX, o	fficeholder living expense
	Consu	lting		Fee		
9 Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OI	1					
Date	Рауее па	MA				
10/25/23	B.C.	Hisparic Chamb	e-			
Amount (\$)	Payee ad		Zip Code	***************************************		
250.00	200 (ward St. St. a	110 Fr	eeport, T	ΧТ	77541
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE				Check if travel	outside of T	Faxas. Complete Schedule T.
OF EXPENDITURE				Check if Aust	in, TX, of	ticeholder living expense
CAPERDITORIE	No. 1					
	DONOT	101		Sponsor		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	×	Office held
Date	Payee na	me	******			
10/12/28	A bu	11. Accorde				
Amount (\$)	Payee ad	dress; City; State;	Zin Code			
32.0	rayee ao	uress; City; State;	zip Gode			
284.30	4203	Globe Shadou	v(+.	Katy, TX	(7	7494
	Category	(See Calegories listed at the top of this	s schedule)	Description		
PURPOSE			}	Check if travel t	outside of T	exas. Complete Schedule T.
OF EXPENDITURE				Check if Aust	in, TX, of	ficeholder living expense
The second sections	0	11 4	1	_		
	Cansi	alting		Fee		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
		ACUADDITIONAL CONT.	000000	OUEDIU T 40 14		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Other (enter a category not listed above) The Instruction Gulde explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee hame 6 Amount (\$) ake Jackson, TX 77566 8 (b) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 00 Howton, TX 77080 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Ic Circle Calculation TX top of this schedule) | Description 350 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

Polling

Candidate / Officeholder name

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Ballot

Office sought

Revised 1/1/2020

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services		alaries/Wages/Contract Labo	r i	Other (enter a catego	
1777 William - Transmitted of the second of	and the second s		Guide explains h	ow to complete this for	n.		
1 Total pages Schedule F1.	2 FILER N	W.	dse		3	Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	mle ^		**************************************			
1 人 (23 6 Amount (\$)	Dibre	14 AS100	The state of the s			TO THE RESERVE OF THE PERSON NAMED IN COLUMN	
φ Altiount (φ)	7 Payee ac	dress; Git	y; State; Zip C	Code			
6260.00	4203	Glade S	hachirus (Ct. Katy.	TX	77494	
8	(a) Category	(See Categories listed	at the top of this sched	dule) (b) Description	n		**************************************
PURPOSE				Checkift	Iravel outsic	de of Texas, Complete Sc	hedule T.
OF				T		X, officeholder living	
EXPENDITURE						•	
	Consu	Main Ad		fee			
9 Complete ONLY if direct		ate / Officeholder	<u>U · </u>		1		
expenditure to benefit C/O		ate / Chilchiloldel i	idille	Office soug	ar.		Office held
	7/MT+ 4/10/19/19/19/19/19/19/19/19/19/19/19/19/19/	78.50	Model Control of the	CHESCHICAN BASE OF THE			
Date	Payee na	me				The second secon	
12/1/23	Ken	in K. 11	· BBC	9			
Amount (\$)	Payee ad	dress; Cit	y; State; Zip C	Code			***
100.00	200	East San B	ernad s	t. Bruona	TX	77422	s.
	Category	(See Categories listed	at the top of this sched	dule) Description	1		
PURPOSE				Check if tr	avel outside	e of Texas. Complete Sci	nedule T.
OF EXPENDITURE				Check if	Austin, TX	K, officeholder living e	xpense
EXPERMINE	1	r A r		A 1			
	Even.	t Adv.		Alvin (Cp	rogram	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder r	name	Office soug			Office held
Date	Payee na	me					
		٨					
12/6/23	Dib	ell . As	sociates				
Amount (\$)	Payee ad	dress; Cit	y; State; Zip C	ode			
1 10 - 30	VILA	(1)	1 1 -	. 1 . 1	1		
V 175.	7,400	Glacke S	hodow (t. Katy	IX	77494	
	Category	(See Calegories listed	at the top of this sched	iule) Description	1		
PURPOSE				Check if a	revel outside	e of Texas. Complete Sci	nedule T.
OF				Check if	Austin, T)	C, officeholder living e	xpense
EXPENDITURE				10000011117 26 NV		ALLERON STORYGO MICHAEL PROPERTY.	100 C
	Consult				a milanah sansan darih idi in		
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder	name	Office soug	jht		Office held
22.4	АТ	ACH ADDITION	AL COPIES OF	THIS SCHEDULE AS	NEED	ΞD	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Faas Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Gilt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) ayee address; City: State; Zip Code St. 300 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Signs Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder fiving expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Advertisine Complete ONLY if direct Candidate / Officeholder name Office sought Office held expanditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT Inc.

			expenditure to benefit G/OH
	Office sought	Candidate / Officeholder name	Complete ONLY If direct
X, officeholde	emplate Schedule T. Check if Austin TX, cafficeholder living expense	Check # kanel culaide of Texas. Complete Schedule T	
	p of this schedule) Description	Category (See Categories listed at the top of this echecule)	PURPOSE OF EXPENDITURE
State	City:	Payee address;	Amount (\$)
		Payee name	Date
	Office apught	Candidate / Officeholder name	Complete QNLY if direct expenditure to benefit C/OH
X. officeholder	ORDINA School T Charact # Auetin, TX, officeholder Inving expense	Check if travel qualities of Texase Completes Screedule 1	EXPENDITURE
=	Mills Ich. Shelbyville	342 Shelby Ville Mills 16.	298.29
State	City	Madrianal Pun	Amount (8)
1		Payee name	Date
e seught Office I	Office L	Candidate / Offigeholder name	expenditure to benefit C/OH
post chiver	fere	100 Y	EXPENDITURE
0/86	N SaHo W	A Category (See Categories using as the top of this schedule)	37.84
State	City	Y Payee address:	(8)
3 Filer ID (Ethica Commission Filers)		Total pages Schedule F1: 2 EILER NAME Out Nurricks!	Total pages Schedule F1: Date
Soliciation/Functioning Expense Transportation Equipment & Related Expense Travel in District Travel in District Travel in District Other (surfer a category not limbed above)	vert Expense ees Conn Repayment/Reinbursement Office Overhead/Reinial Expense Fouring Expense Salanus/Repaylochinad Labor The Instruction Guide explains how to complete this form.	Evert Expense Pees PoodSeverage Expense GRANGERAMencrist Expense Legal Service The Instruction Guide exp	Advertising Expense Accounting Banking Consulting Bayeries Contributions/Donations Maxis By Candidate/Officeholden/Political Committee Credit Card Payment
	EXPENDITURE CATEGORIES FOR BOX 3(a)		