

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: **24**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS MR
FIRST MI
Ryan C
NICKNAME LAST SUFFIX
Cade

OFFICE USE ONLY

Date Received
FILED 1/16/24
JOYCE HUDMAN,
COUNTY CLERK, BRAZORIA CO., TEXAS
BT E. MURPHY DEPUTY

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1989 Angleton, TX 77515

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(979)

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS MRS MR
FIRST MI
Kelli C
NICKNAME LAST SUFFIX
Cade

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
620 Brit Bailey Blvd Angleton TX 77515

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 285-5223

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 THROUGH Month Day Year
07 / 01 / 2023 THROUGH 12 / 31 / 2023

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
Brazoria Co. Precinct 2 Commissioner

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Ryan Cade</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,889.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 38,718.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

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

OR

(2) Unsworn Declaration

My name is Ryan Cade and my date of birth is 09/28/76
 My address is 1220 Brit Bailey Blvd, Angleton, TX, 77515, US
(street) (city) (state) (zip code) (country)
 Executed in Brazoria County, State of Texas, on the 15th day of January, 20 24
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Ryan Cade</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$39,350.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$17,889.88
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME
Ryan Cade

3 Filer ID (Ethics Commission Filers)

4 Date
10/20/23

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[Redacted] Humble, TX 77396

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/20/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[Redacted] Houston, TX 77040

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/20/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[Redacted] Mammel, TX 75178

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/20/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[Redacted] Dallas, TX 75252

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 11

2 FILER NAME

Ryan Cade

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/23

5 Full name of contributor

Telwyn John

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City:

State:

Zip Code

Cypress, TX 77433

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/20/23

Full name of contributor

Majed Agha

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,500.00

Contributor address;

City:

State:

Zip Code

Houston, TX 77041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/23

Full name of contributor

Aguirre Fields LP PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,500.00

Contributor address;

City:

State:

Zip Code

Sugarland, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/23

Full name of contributor

HVJ PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,500.00

Contributor address;

City:

State:

Zip Code

Houston, TX 77072

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME <i>Ryan Cade</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/20/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Quidding PAC</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City: State; Zip Code [Redacted] <i>Bellaire, TX 77401</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANK D! JONESKI</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City: State; Zip Code [Redacted] <i>Houston, TX 77025</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Janak</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City: State; Zip Code [Redacted] <i>Houston, TX 77044</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bonnie Moss</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City: State; Zip Code [Redacted] <i>Houston, TX 77077</i>		
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: 11
2 FILER NAME Ryan Cade		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/23	5 Full name of contributor Syed Haq <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code [Redacted] Mankel, TX 77578		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/20/23	Full name of contributor Perdue, Brandon, Fielder, Collins, Mathew <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [Redacted] Houston, TX 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/23	Full name of contributor Giti Zarenkelk <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [Redacted] Spring, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/23	Full name of contributor Pape-Dawson Engineers PAC <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [Redacted] San Antonio, TX 78213		
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: 11
2 FILER NAME Ryan Cade		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/23	5 Full name of contributor Walker Sass <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code [Redacted] Katy, TX 77450		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/20/23	Full name of contributor Matt Brannen <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] Cypress, TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/23	Full name of contributor Christopher Jacob <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] Spring, TX 77379		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/23	Full name of contributor Rodney Heisch <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] Houston, TX 77009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 11

2 FILER NAME *Wyan Cade*

3 Filer ID (Ethics Commission Filers)

4 Date
10/20/23

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[Redacted] *Cypress, TX 77433*

500.00

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
10/20/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[Redacted] *Houston, TX 77077*

500.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/20/23

Full name of contributor out-of-state PAC (ID#: _____)
Transystems Corp.

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[Redacted] *Kansas City, Mo 64108*

500.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/20/23

Full name of contributor out-of-state PAC (ID#: _____)
TSVC, Inc PAC

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[Redacted] *Olathe, KS 66061*

500.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME

Ryan Cade

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/23

5 Full name of contributor

David Weston

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City:

State:

Zip Code

[Redacted] League City, TX 77573

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

10/20/23

Full name of contributor

HDR, Inc

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City:

State:

Zip Code

[Redacted] Omaha, NE 68102

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

10/20/23

Full name of contributor

DEC PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2,000.00

Contributor address;

City:

State:

Zip Code

[Redacted] Houston, TX 77046

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

10/20/23

Full name of contributor

Charles Otnon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.00

Contributor address;

City:

State:

Zip Code

[Redacted] Houston, TX 77041

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: 11

2 FILER NAME

Ryan Cade

3 Filer ID (Ethics Commission Filer)

4 Date

10/20/23

5 Full name of contributor

Keith Neshyba

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

Katy, TX 77494

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/20/23

Full name of contributor

Lyle Marie Henkel

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

Jersey Village, TX 77040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/23

Full name of contributor

Kathryn Trussell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

League City, TX 77573

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/23

Full name of contributor

Cobb-Fensky PAC

out-of-state PAC (ID# _____)

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

Houston, TX 77040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

For more information on reporting requirements, 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: 11

2 FILER NAME

Ryan Cade

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/23

5 Full name of contributor

AECOM PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

Washington DC 20006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/20/23

Full name of contributor

PAC of Paete Co Koch

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

Dallas TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/23

Full name of contributor

David Balmos

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

Cypress TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/23

Full name of contributor

Raniraj Yanamandala

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

Pearland TX 77584

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: 11

2 FILER NAME

Ryan Cade

3 Filer ID (Ethics Commission Filers)

4 Date

12/14/23

5 Full name of contributor

Paul Kwan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State; Zip Code

[REDACTED]

Houston TX 77041

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/14/23

Full name of contributor

Linda Mc Donough

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State; Zip Code

[REDACTED]

Bellaire TX 77401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/23

Full name of contributor

Lamy Barbfield

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State; Zip Code

[REDACTED]

Cypress TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/13/23

Full name of contributor

Harold Reddish

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State; Zip Code

[REDACTED]

Sugarland TX 77478

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: 11

2 FILER NAME

nyancade

3 Filer ID (Ethics Commission Filers)

4 Date

12/13/23

5 Full name of contributor

David Hamilton

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City:

State:

Zip Code

[Redacted]

Houston, TX 77024

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

12/13/23

Full name of contributor

Half Assoc.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City:

State:

Zip Code

[Redacted]

Richardson, TX 75081

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 10	2 FILER NAME Ryan Cade	3 Filer ID (Ethics Commission Filers)
---------------------------------------	-------------------------------	---------------------------------------

4 Date 7/5/23	5 Payee name Zeke Wintjen Memorial Fund
----------------------	--

6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code P.O. Drawer 2 Freepat, TX 77541
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Memorials Expense	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7/24/23	Payee name Cade Building
---------------------	---------------------------------

Amount (\$) 3250.00 361.94	Payee address; City; State; Zip Code 142 TX 63E Burkenville TX 75932
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Memorials Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7/21/23	Payee name Honores
---------------------	---------------------------

Amount (\$) 361.94	Payee address; City; State; Zip Code 517 N. Downing St Angleton TX 77515
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Teacher Appreciation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 10	2 FILER NAME: Ryan Cade	3 Filer ID (Ethics Commission Filers)
4 Date: 8/2/23	5 Payee name: Northern Brazoria Co. Education Alliance	
6 Amount (\$): 125.00	7 Payee address; City: Pearland, TX 77584 State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Donations	(b) Description: Men Who Cook
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 8/1/23	Payee name: Stephen F Austin Community Health Center	
Amount (\$): 300.00	Payee address; City: Hum, TX 77511 State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description: Dodgeball
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 8/7/23	Payee name: West Pearland Republican Women	
Amount (\$): 750.00	Payee address; City: Pearland, TX 77581 State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Donation	Description: 8325 Broadway #202 P.O. Box 27 Pearland, TX 77581
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 10		2 FILER NAME: Van Cade		3 Filer ID (Ethics Commission Filers)	
4 Date: 8/14/23		5 Payee name: Grazia Italian Catering			
6 Amount (\$): 2,250.00		7 Payee address; City: State: Zip Code: 9415 Broadway #103 Pearland, TX 77584			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Food expense		(b) Description: Angleton Football dinner donation		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: 9/13/23		Payee name: R-C Ranch			
Amount (\$): 540.23		Payee address; City: State: Zip Code: 2520 Airline B-210 Houston TX 77009			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense		Description: H2SR Ranch video happy hour		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: 9/30/23		Payee name: Texas Gulf Bank			
Amount (\$): 2.87		Payee address; City: State: Zip Code: 1717 N. Velasco Angleton, TX 77515			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Fees		Description: Bank 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: 10	2 FILER NAME Ryan Cade	3 Filer ID (Ethics Commission Filers)
4 Date 9/25/23	5 Payee name Pearland Chamber of Commerce	
6 Amount (\$) 287.50	7 Payee address: 6117 Broadway Pearland, TX 77581 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Membership Renewal
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/27/23	Payee name Most Holy Trinity Catholic Church	
Amount (\$) 250.00	Payee address: 1713 N. Trinity Angleton, TX 77575 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description building fund
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/21/23	Payee name Adams Inc. of Brazoria Co.	
Amount (\$) 350.00	Payee address: 1524 E. Mulberry Angleton, TX 77575 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description refreshment cart
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: <u>10</u>	2 FILER NAME <u>Ryan Cade</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9/18/23</u>	5 Payee name <u>Arvin - manvel area Chamber</u>	
6 Amount (\$) <u>300.00</u>	7 Payee address; City: <u>Arvin, TX</u> State: <u>TX</u> Zip Code: <u>77571</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description <u>membership</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

Date <u>9/13/23</u>	Payee name <u>Angleton Chamber of Commerce</u>		
Amount (\$) <u>150.00</u>	Payee address; City: <u>Angleton, TX</u> State: <u>TX</u> Zip Code: <u>77510</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event sponsor</u>	Description <u>golf hole sponsor.</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

Date <u>10/16/23</u>	Payee name <u>Brazoria Lions Club</u>		
Amount (\$) <u>100.00</u>	Payee address; City: <u>Brazoria</u> State: <u>TX</u> Zip Code: <u>77422</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>donation</u>	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	Candidate / Officeholder name	Office sought	Office held

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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: 10	2 FILER NAME Wyan Cade	3 Filer ID (Ethics Commission Filers)
4 Date 10/13/23	5 Payee name Achims	
6 Amount (\$) 50.00	7 Payee address; 1524 E. Mulberry City: Angleton, TX 77511- State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation/Event	(b) Description golf sponsorship
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/23	Payee name Jeff Bamy Campaign		
Amount (\$) 1,000.00	Payee address; VoteJeffBamy.com City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/23	Payee name BCCA		
Amount (\$) 100.00	Payee address; 4005 Technology Suite 1010 Box 2 Angleton TX 77511- City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description City dinner	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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
Candidates/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: 10	2 FILER NAME Ryan Cado	3 Filer ID (Ethics Commission Filers)
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4 Date 11/6/23	5 Payee name Braz. Co. Cattle Raisers Association
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6 Amount (\$) 900.00	7 Payee address: tscra.org	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation - donation	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/7/23	Payee name Turner CCHS PTA
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Amount (\$) 150.00	Payee address: 4717 Bailey Rd	City: Pearland, TX	State: TX	Zip Code 77584
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description School fundraiser sponsor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/23	Payee name Danbury Rotary
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Amount (\$) 250.00	Payee address: P.O. Box 157	City: Danbury, TX	State: TX	Zip Code 77534
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officer/holder/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)
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The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Vyan Cudo	3 Filer ID (Ethics Commission Filers)
4 Date 11/22/23	5 Payee name Brazosport Area Chamber	
6 Amount (\$) 75.00	7 Payee address; City: State: Zip Code 300 Abner Jackson L.J., TX 77566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description membership
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/23	Payee name Houston Livestock Show: Rodco		
Amount (\$) 4,000.00	Payee address; City: State: Zip Code NRG 3 NR6 Park Houston, TX 77054		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Ranch rodeo team sponsor.	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/23	Payee name R-C Ranch		
Amount (\$) 149.99	Payee address; City: State: Zip Code 2520 Arnie B-210 Houston, TX 77089		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Christmas luncheon sponsor	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 5(a)

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|--|-------------------------------|--------------------------------|--|
| 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: 10	2 FILER NAME Nan Cade	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/23	5 Payee name R-C Ranch	
6 Amount (\$) 313.71	7 Payee address; City: State: Zip Code 2520 Arline B-210 Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Foster Children's Christmas Party
	(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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 12/16/23	Payee name R-C Ranch	
Amount (\$) 315.64	Payee address; City: State: Zip Code 2520 Arline B-210 Houston, TX 77007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description HHSR dinner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 12/28/23	Payee name R-C Ranch	
Amount (\$) 3,168.00	Payee address; City: State: Zip Code 2520 Arline B-210 Houston, TX 77007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Premier 2 Employee Christmas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Bartering | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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: 10	2 FILER NAME: Ryan Cado	3 Filer ID (Ethics Commission Filers)
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4 Date: 12/18/23	5 Payee name: Angleton Area Chamber
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6 Amount (\$): 800.00	7 Payee address: 222 N. Velasco	City: Angleton, TX	State: TX	Zip Code: 77575
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description: Falala ladies event
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 12/19/23	Payee name: Brazoria Co. Steam Center
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Amount (\$): 100.00	Payee address: 792 Brazosport Blvd S	City: Clute, TX	State: TX	Zip Code: 77531
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): donation	Description:
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date:	Payee name:
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Amount (\$):	Payee address:	City:	State:	Zip Code:
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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