#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST МІ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX rridae 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER MAILING ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (979) 236-3351 **PHONE** Receipt # Amount \$ MS / MRS / MR **CAMPAIGN TREASURER** 11/15 Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE; ZIP CODE CAMPAIGN **TREASURER ADDRESS** (Residence or Business) **8** CAMPAIGN **TREASURER** PHONE 709-3597 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Primary Other Month Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
	Midge				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$57,440			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 34679			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 40,872			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ <b>₹</b> ○, ○○○			
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	Signature of Ca	andidate or Officeholder			
	Please complete either option below	v:			
(A) Act 1					
(1) Affidavit					
NOTARY STAMP/SEA	AL				
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 administ	ering oath Printed name of officer administering oath	Title of officer administering oath			
OR OR					
(2) Unsworn Declarat	on				
My name in Jany B	VIII 900 and my data of hirth in	01-76-65			
My address is 73	, and my date of birth is  TO Calla Lily CT Lack Jacks 20, 1  (street) (city)	TX 77566 USM			
	(street) (city)	state) (zip code) (country)			
Executed in	(street) (city) (city) (conty, State of <u>Text</u> , on the day of <u>(mont)</u>	20 <del>7/2</del> .			
	Jay Land	(year)			
	Signature of Candi	date/Officeholder (Declarant)			

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	19 FILER NAME 20 Filer ID (Ethics Com		
1 Jay Bu	rnidge		
21 SCHEDULE SUI NAME OF SCHE	- · - · · · <del>- ·</del>		SUBTOTAL AMOUNT
1. SCHE	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 57.440
2. SCHE	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 7,727
3. SCHE	EDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHE	4. SCHEDULE E: LOANS		
5. SCHE	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7. SCHE	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHE	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9. SCHE	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10. SCHE	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11. SCHE	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12. SCHE	EDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

### SCHEDULE A1

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

The	Instruction Gulde explains how to complete this form.	1, Total pages Schedule A1:
2 FILER NAME	Burgidan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/0/	Michael H. Phillips	(2) (2)
0,9129	6 C ibutor address; City; State; Zip Code	500.00
	Job t. Instructions) 4 Employer (See Instruc	
8 Principal occu	g Job t <sub>i</sub> instructions) <sup>(</sup> 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
, ,	Mike Phillips	. O
3/9/24	Contributor address; City; State; Zip Code	500.
•	Anclaton TX 7751 (and I Job title (See Instructions) Employer (See Instruc	
Principal occup		tions)
attor new	Solt	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/8/24	Contribu dress; City; State; Zip Code	100.00
	lde Jackson TX 77566	
Principal occup	pation / Job e Instructions) Employer (See Instruc	etions)
Attorner	1 Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-1 1	Mares Middleton	
3/12/24	Contributor address; City; State; Zip Code	2500.00
	_ Culveston TX 77553	
Principal occup	pati / b title (See Instructions) Employer (See Instruc	ctions)
Elected	official State of Texa	5
·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC, please see Instruction 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	Tay Burridge	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
	Carl Worket			
21 1	•			
3/12/24	6 Contributor address; City; State; Zip Code	(1)		
	Hallett sville Tx 77964			
8 Principal occu	pation / Job title ( ons) 9 Employer (See Instru	ctions)		
reti	· cd			
D-4-	Full name of contributor out-of-state PAC (ID#: )			
Date		Amount of contribution (\$)		
	Lesa Girouard			
4/4/24	Contributor address; City; State; Zip Code	1/00 30		
7) 4104		YW,		
Driveigal	Freeport TX 77541	Air-		
Principal occup		ctions)		
retin				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Keith Coulter	(4)		
1 1		00		
4/18/24	Contributo ddress; City; State; Zip Code	50.00		
11101 1x 75604				
Principal occupation / Job title ee Instructions) Employer (See Instructions)				
Teticed				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
1 1	Glenn Starkey			
4/17/24	Contributor address; City; State; Zip Code	100,00		
01110	Δ)			
	_ Alvini TX			
	pation / Job title (Se s) Employer (See Instru	ctions)		
retim	d			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.		
orms provided by To	exas Ethics Comm Reset Form s.sta Reset Page	Revised 8/17/2020		

### SCHEDULE A1

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

The	Instruction Gulde explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Jan	Burridge	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	<b>7</b> Amount of contribution (\$)
	James Henry	
4/3/24	6 Contributor address; City; State; Zip Code	3xx. 8
	pation / Job title (See Inst ns) S Employer (See Inst	h
8 Principal occup		
operator	Brazonia Co	'u
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		Amount of contribution (\$)
4/20/24	Contributor address; City, State; Zip Code	350, <sup>50</sup>
114	1 V T. L. TX may	
Principal occup	eation b title (See Instructions) .   Employer (See In	
Α΄.		nstructions)
Attorn	ey Self	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Michael Diez	(2.52
4/1/1/14	Contributor address; City; State; Zip Code	500.
	Monvel TX M757.	8
Principal occup		nstructions)
Atterner	i Self	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal again	postion / Joh title (See Instructions)	and truction of
Fincipal occup	pation / Job title (See Instructions) Employer (See Instructions)	เอน นับแบทธ์)
	T	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for addit	ional reporting requirements.
Forms provided by T	exas Ethics Comm Roset Form s.sta Poset 6	Revised 8/17/2020

Reset Page

**Reset Form** 

### SCHEDULE A1

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

The	Instruction Guide explains how t	to complete this	form.	1	Total pages Schedule A1:
2 FILER NAME				3	Filer ID (Ethics Commission Filers)
	ay Burridge				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7	Amount of contribution (\$)
	150 Stallman	,			
319129	6 Contributor address;	City;	State; Zip Code		400,00
	)	Angloser	9 Employer (See Instruc		
8 Principal occu	p Jo e tions)	,	9 Employer (See Instruc	tions	3)
Shariff			Brana Cty		
Date	Full name of contributor	out-of-state PAC	(ID#:)		Amount of contribution (\$)
	Travis Pale				· · · · · · · · · · · · · · · · · · ·
1.			04-4 7'- 0-d-		
5/2/24	Contributor address;	City;	State; Zip Code		7.20.5
- 10(0)		Who Jack	10nTX 77566		Amount of contribution (\$)  Ons)  Amount of contribution (\$)
Ι /\	pation / Job title (See Instructions)		Employer (See Instruc	tions	5)
Police of	ier		Browni Cty.		
Date	Full name of contributor	out-of-state PAC	; (ID#:)		Amount of contribution (\$)
Bate	Tacco c	out of state The	, (15.11		Amount of contribution (\$)
1.	J GT CAJP				_
5/2/24	Contributor address;	City;	State; Zip Code	,	$(71)^{32}$ .
3/0/04		Clute TX 77531		300.	
Principal occup	 pation title (See Instructions)	Siwe 17	Employer (See Instruc	tions	5)
Businis	•		p.eye. (200ec.		-,
1 12 00 31 1/17 12	Owner			1	
Date	Full name of contributor	out-of-state PAC	C (ID#:)		Amount of contribution (\$)
1	Dusty Hopkins				
15/2/24	Contributor address;	City;	State; Zip Code	,	Qu. 35
10109			·	'	140.
		20	weeny,TX		•
{ /L '	pation / Job title (See i		Employer (See Instruc	tions	s)
Dusiness on	war				
	ATTA 01: 4 DDIT		25 THE COURT !		n=n

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form.			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,		
) () () 4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Assessment of a sustail setting (2)		
4 Date	_ · ·	) 7 Amount of contribution (\$)		
1 1	Corey Thomas	a ad		
4/24/24	6 Contributor address; City; State; Zip Code	JOO.		
	Jones Creak TX 7754	1		
8 Principal occu	pati b title (See Instructions) 9 Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:	——) Amount of contribution (\$)		
,	Kob Giesecke			
Slaby	Contributor address; City; State; Zip Code	1 1 30		
Principal occup		nstructions)		
Real Est	we Self			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
	Alex Kamkor			
Shhu	Contributor address; City; State; Zip Code			
12127	Λ	, , , ,		
Pealcol TX 77581				
Principal occup	pation / Job title (See Instructions)  Employer (See I	instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
, ,				
5604	Contributor address; City; State; Zip Code	1170.00		
Anderton TX 77575				
Principal occup	pation / Job title (See Instructions)  Employer (See			
Attorney				
يورية				

### 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 JULY B	um der		:	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
5/2/24	Misa Burke tributor address;	City;	State; Zip Code	1195,00
		· Kichin	and 7x77531	
אולאון און און און און און און און און און	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
Sloby	Trisha Closs  Contributor address;	City;	State; Zip Code	
		Freeport	-TX 77541	1100,
Principal occup	nation / Job title (See Instructions,	Ŧ	Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
Saby	Page Friuden here Contributor address;	City;	State; Zip Code	1400.°°
010 12-1	, (,	dreJackny	775G	
Principal occup			Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			1	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE A1

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

The	Instruction Guide explains how to	1 Total pages Schedule A1:	
2 FILER NAME	punidge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5/2/24	John Luguette  6 Contributor address;	City; State; Zip Code	60.00
		Che Jakan TX 77566	•
8 Principal occu	pation / Job title (See Instruc	9 Employer (See Instruc	tions)
Date	Full name of contributor Bain Sollock	out-of-state PAC (ID#:	Amount of contribution (\$)
5/2/24	Contributor address;	City; State; Zip Code	400,00
		· presport IX JUNI	
Principal occup	oale (See tions)	Employer (See Instruc	tions)
Date	Full name of contributor Chris Cloninger	out-of-state PAC (ID#:	Amount of contribution (\$)
Slalay	Contributor address;	City; State; Zip Code	1300.00
		Richinsol, TX 77531	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor Jason Cardaba	out-of-state PAC (ID#:)	Amount of contribution (\$)
Slalm	Contributor address;	City; State; Zip Code	
	<u> </u>	IdeJakson TX 7756	
Principal occup  AHM W	·	Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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	Buridel	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		
5/2/24	6 Contributor address; City; Sta	te; Zip Code	
8 Principal occu	pation / Job ti ctions) 9 E	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
5hlay	Contributor address; City; Sta	te; Zip Code 2410.30	
Principal occup		M TX 775 31 mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
SlabH		te; Zip Code 1525. 50	
Principal occu	pation / Job title (See Instructions)	imployer (See Instructions)	
Date	A	Amount of contribution (\$)	
5/1/24		tte; Zip Code 570,	
Principal occu	V FELINIZ 2 127 127	mployer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### 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	0	3 Filer ID (Ethics Commission Filers)
Jay	Buride	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5/1/24	6 Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Output  Dation / Job title (See uctions) 9 Employer (See Instructions)	300.°°
8 Principal occu	pation / Job title (See uctions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5 6/24	Contributor address; City; State; Zip Code	100.00
	. (de Jackson TX 77526	
Principal occup		tions)
Marketino		
<b>)</b> Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/29/24	Contributor address; City; State; Zip Code	500.°°
Principal occup	Da b t Employer (See Instruc	tions)
Busihess =		,
1900111622 5	x Lifety	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/29/24	Contributor address; City; State; Zip Code	3co. 00
	(Ke Jackson, TX 77866	
Principal occup		tions)
retired		

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

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

The	Instruction Guide explains how	1 Total pages Schedule A1:		
2 FILER NAME	Buridae			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
$\mathcal{A}$ ,	Michael Phills	, 20x		3 <i>0</i>
5/2/24	6 Contributor address;	•	State; Zip Code	200.
		No. 1 4	m TX 77575	2
8 Principal occup	Job t ee Instructions)	Anglet	9 Employer (See Instruc	tions)
Afformey				•
	Full name of contributor	out-of-state DAG	C (ID#: )	
Date	0.0.	out-or-state 1 Ac	S (ID#	Amount of contribution (\$)
	Contributor address;		State; Zip Code	377) 00
3/2/04	Contributor address,			<i>5</i> 00.
		· freepar	4 TX 77541	
Principal occup	pation / Job title (See Instructions)	•	Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
. 1	Janie Tumlisson			~ ~
5/2/24	Contributor address;	City;	State; Zip Code	300.
		reconst	TX. 77541	
Principal occup	Principal occup ions) Employer (See Instructions)			
Date	n Full name of contributor	out-of-state PA	C (ID#: )	Amount of contribution (\$)
- <i>l</i> .	Silly Myes			20
5/2/24	Contributor address;	City;	State; Zip Code	,700, <sup>so</sup>
		Browna	TX 77422.	
Principal occup	 pation / Job title (See Instructions)	1)10/2/MU	Employer (See Instruc	:tions)
Business	510V0\			
	ΔΤΤΔ ΩΗ ΔΠΩΙΤ	IONAL COPIES	OF THIS SCHEDUL FASA	JEEDED
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

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	1	3 Filer ID (Ethics Commission Filers)		
<u> Joy 1</u>	Suridge			
4 Date	5 Full name of contributor out-of-state PAC (ID#: )	7 Amount of contribution (\$)		
	Maha Somis			
Shlay	6 Contributor address; City; State; Zip Code	1 1 2 1 30		
512104	11.7 " ~ 70/1	4-15.		
0.00	on / Job title (See Inst ons)  Out Taultyun TX 77566  9 Employer (See Instruc			
8 Principal occu	on / Jbb title (See Inst ons)  9 Employer (See Instruc	tions)		
retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
) ,	Jerome Aldrich			
5/2/24	Contributor address; City; State; Zip Code	1710 30		
7		SOU.		
	Loke Layeson TX 775766			
Principal occup		iions)		
afforne				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Kenjo Kelley			
1 1	ntributor address; City; State; Zip Code	20		
5/2/24	-	1350.00		
, , , , , , , , , , , , , , , , , , ,	Brana JX 77422	1330		
Principal occup	pation / title (See s) Employer (See Instruc	tions)		
Business	OWN			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
<i>1</i>	Gary Braden	ν,		
Sha	Contributor address; City; State; Zip Code	ე ამ		
310109		<i>ૢૺ,ઽ</i> ૾૾૾		
	FreeDort TX 77541			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N			
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Comm

Reset Form

Reset Page

### SCHEDULE A1

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

		page			
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Jan	Buridge				
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of contribution (\$)		
	Thomas Jones				
,		State; Zip Code	(7) 50		
5/2/14	^	2. 72/15	50,		
		1x 77515			
	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
retired					
Date	Full name of contributor out-of-state PAC (III	D#:	Amount of contribution (\$)		
	Elikabeth Novi				
5/2/24	Contributor address; City;	State; Zip Code	130 50		
3/2/24	•		130.00		
		c 77515			
Principal occup	1	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)		
	Scott Rass		, and an extension (c)		
~11		State; Zip Code	11-1 00		
5/2/24		·	150.		
	1 Coke Tauksin	1x 7756			
Principal occup	ation / Job )	Employer (See Instruct	ions)		
Date	Full name of contributor		Amount of contribution (ft)		
Dato		D#:)	Amount of contribution (\$)		
1 ,			1 20 00		
5/2/24	Contributor address; City;	State; Zip Code	$l\omega$ .		
	· Clute T	x 77531	,		
Principal occup	eation / Job title (5 uctions)	Employer (See Instruct	ions)		
retired					
•	,				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional r	eporting requirements.		

Forms provided by Texas Ethics Comm

**Reset Form** 

s.sta

Reset Page

### 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	s form.	1 Total pages Schedule A1:
FILER NAME	0			3 Filer ID (Ethics Commission Filers)
Tay	Buridge			
Date	5 Full name of contributor			7 Amount of contribution (\$)
Date	<u> </u>	out-of-state PA	C (ID#:	7 Amount of contribution (\$)
-11	Albert Smith			
5/2/24		City;	State; Zip Code	150,00
1	L	deJacken	7x 7706	
Principal occu	ρε ion / Job title (See Instructions)		9 Employer (See Instr	uctions)
retired				
Date	Full name of contributor	out-of-state PAG	C (ID#:	Amount of contribution (\$)
	Bubba Whitton			
.1 /			State 7:- C. L.	•
Chh	Contributor address;	City;	State; Zip Code	1,500,00
PEIN		1 hoting	Y\ 77\7 (	1,3001
D.i. vissel	ba T. s)	Constacting:	Employer (See Instru	
Principal occu	$\overline{a}$ $\Gamma$ s)		Employer (See Instr	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#	Amount of contribution (\$)
24.5		•	S (15.17	Amount of contribution (\$)
,	Mianna Caltur	٠		
Ylaslay	Contributor address;	City;	State; Zip Code	(7)0000
1100000	<i>,</i> .	-, 1		3000
	(-	Eddy TX	76524	
Principal occu			Employer (See Instr	uctions)
refined				
- <u>-</u>	T			
Date	Full name of contributor	out-of-state PA	C (ID#:	) Amount of contribution (\$)
	Kindo Kelloga			
abal.	Contributor address;	City;	State; Zip Code	1-20
4130124			·	25,00
		ldu	Jackyn TX77561	0
Principal occu	pation / Job title (See Instructions)		Employer (See Instr	
retired				
	- <del></del>			
			OF THIS SCHEDULE AS	
	ir contributor is out-of-state PA	u, piease see insti	ruction guide for additiona	ai reporting requirements.
rms provided by	lexas Ethics Comm Reset	Form	s.sta Reset Par	Revised 8/17/2
ns provided by	If contributor is out-of-state PA		ruction guide for addition	

### 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	<b>n</b>			3 Filer ID (Ethics Commission Filers)
Jay	SUCTION			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	<b>7</b> Amount of contribution (\$)
	Fred Konter			
Shlay	6 Co uto	City;	State; Zip Code	400,00
51010 (	L Ba	s'nun'a	TX 77471	,
8 Principal occu	pe titl Instructions)		9 Employer (See Instruc	tions)
Business	durer			
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Kenneth Hayes			20
~/, /, , ,	Contributor address;	City;	State; Zip Code	J 200.
3/2/24	6-1	report	TX 77542	•
Principal occup	pation / Job title (See In ions)	1	Employer (See Instruc	tions)
Business	nuner			
Date	Full name of contributor	out-of-state PA	C (ID#· )	Amount of contribution (\$\)
Dute	Renee Rape	out or state 171		Amount of contribution (\$)
11	Contributor address;	City;	State; Zip Code	10
Stalay				5,500.
	<u> </u>	Clute	TX 77531	
Principal occup	pation / Job ti e Instructions)		Employer (See Instruc	etions)
retired				
Date	Full name of contributor	out-of-state PA	C (ID#: )	Amount of contribution (\$)
1.	Muci Wells			
5/2/24	Contributar address;	City;	State; Zip Code	
<i>1018</i> 9		Aroloto	in TX77575	3,100.
Principal occur	 pation / Job title (See Instructions)	, , ,	Employer (See Instruc	tions)
retired				,
			OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC, p	lease see Instr	ruction guide for additional	reporting requirements.

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page

### 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:
Ju Buridae	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	
Shows Henry 6 Contributor address; City; State; Zip Code	60° p
Principal occupat title (for Instructions)    Counting TX 77437   9   Employer (See Instructions)	structions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code  Bowna TX 77422	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	l structions)
Musturian	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
Contribu City; State; Zip Code Ruhwad TX77531	100.30
Principal occupation / Job ti ns) Employer (See Ins	structions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	structions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page

### 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)
^	vridge	C The le (Lance commission Files)
4 Date	•	<b>7</b> Amount of contribution (\$)
- Balo	5 Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (4)
1		J 10
SIDIM	6 Contributor address; City; State; Zip Code	<b>/</b> 00.
310701	(de Jacken TX 775766	
8 Principal occu		tions)
Altorney	·	
Date	Full name of contributor out-of-state PAC (ID#: )	A
Date		Amount of contribution (\$)
1	Chris Caldwell	1.50 00
5/2/24	Contributor address; City; State; Zip Code	600.5
	Freeport TX 77541	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Busihesso	ww	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Louann I-amer	
5/2/24	Contributor address; City; State; Zip Code	(7) <sup>30</sup>
	· Freezort TX 77541	30,
Principal occup		_ ctions)
		·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1 .	Wayne Cromis	\sigma_0
T/2/24	Contributor address; City; State; Zip Code	6500,0°
312124	_ Oystr Cr. TX 77541	4,000
Principal occup		etions)
. Incipal occup	Employer (See Halluc	
	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	

### SCHEDULE A1

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

	Instruction Cuide our lains how to complete this form	1 Total pages Schedule A1:
	Instruction Guide explains how to complete this form.	18
2 FILER NAME  Jay A	urridge	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5h h4	Sheart Former 6 Contributor address; City; State; Zip Code Apple M TX 77575'	200.00
8 Principal occu	tle ee Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/2/24	Contributor address; City; State; Zip Code	100.
	Colle Teeksn TX 7756L	
Principal occup	at /J itle ns) Employer (See Instruc	lions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/2/24	Craug Burnidge Contributor address; City; State; Zip Code Howton TX 77059	100.00
Principal occup	<del> </del>	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Charles Farmer	Amount of contribution (\$)
Slalay	Contributor address; City; State; Zip Code	100.00
Principal occup	pation / Job time (See Instruction Employer (See Instruc	tions)
	ATTACH ADDITIONAL CODIES OF THE COLUMN TO SERVICE OF THE COLUMN TO SERV	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional in	

### 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.					
2 FILER NAME	2 FILER NAME  Jan Buridal  3 Filer ID (Ethics Commission Filers)				
4 Date	5 Γμ/ name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
5/7/14	Kavi Singhono  6 Contribute dress;	i		(- 0 00	
JAMI	6 Contributc dress;		State; Zip Code	100.	
		Colle Jal	k&nTx 77566		
8 Principal occu	pal ns)		9 Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Michael Schmid	1+			
5/11/24	Michael Schmio Contributor address;	City;	State; Zip Code	300.°°	
·		Menu	u 7x 77578		
Principal occur	 pation / Job title Instructions)	1 /1000	Employer (See Instruct	tions)	
r imolpai occup	union, cos une monacusno,				
Date	Full name of contributor	out-of-state PAG	C (ID#: )	Amount of contribution (\$)	
	Bobby Varinder			~~~~°	
5/16/24	Contributor address;		State; Zip Code	5,000.	
		Hr	15km7x 77042		
Principal occup	pation / Job title (See Ins	•	Employer (See Instruc	tions)	
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL

### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME Jay Burridge			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 7727	
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description	
Slaby	Moffett		50,00 Cutting Board	
	Another TK 77515		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	/ Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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     out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description	
Sholay			$1\infty$ .	
	Angloton TX 775	15	Check if travel outside of Texas. Complete Schedule T.	
Principal occ		Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			÷	
	ATTACH ADDITIONAL CODIEC OF T	THE COLLEN	II E AC 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 A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Jay Buridge	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor Out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description
5/2/24 Code Roge 7 tributor address; City; State; Zip Cod	Glock pistal
Ldie Jackson, T	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
Inspector	Colf
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
TE CONTINUE OF PHILOPAL COORDINATION (I CIT CODIC)	3 Contribution 3 job title (1 Off GODIOINE) (Cocc matriculons)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm 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   out-of-state PAC (ID#:	Amount of In-kind contribution description  So Supership Try
<b>A</b> .	
AngletonTX 77.	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	
ATTACH ADDITIONAL CORIES OF 1	THIS SCHEDUL E AS NEEDED

### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2;		
2 FILER NAME Jay Birridge			3 Filer ID (Ethics Co	ommission Filers)	
·	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
12 Contributor's	Full name of contributor out-of-state PAC (ID#:	11 Employe	er (FOR NON-JUDIC	9 In-kind contribution description  Guapure  Gua	
Date  Shipm  Principal occ	Full name of contributor out-of-state PAC (ID#:	77541		In-kind contribution description  Fre P. + side of Texas. Complete Schedule T.  IAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	irm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	THIS SOUTH	II E AQ MEEDED		

### 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 Sched	dule A2:2
FILER NAMI	E Bunide		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 5/2/24	To tributor address; City; State; Zip Code  Clute Tx 77131		8 Amount of Contribution \$	9 In-kind contribution description  Custom Kniff
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)			AL)(See Instructions)
re + v			. (	,
1 ( / ( ! '	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
<b>16</b> If contributor	Is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution
Slalay	State;	Zip Code	Contribution \$	description AXIS Hunt
	Sively To	X	Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ	u / Job ti ON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	ise (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 A2

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

The Instruction Gulde explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Fliers)
Day Burridge	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code  8 Amount of Signature of description description  Contribution \$   Custom per    Check if travel outside of Texas. Complete Schedule T.
10 Principal occupa NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm 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 out-of-state PAC (ID#:	zip Code 13dS. Thry Coden Boy + pict
Principal occupation / Job FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (If any) (FOR JUDICIAL)
If contributor 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 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			3 Filer ID (Ethics Co	mmission Filers)
Jay 1	survidue	and the second second	ALANAMA AND AND AND AND AND AND AND AND AND AN	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor   cut-of-state PAC (ID#)  /// IKe Fulton on ; City; State; Zip Code			8 Amount of Contribution \$	In-kind contribution description  American Flag  Shokgun
	Clute TX 77531	1	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal ecc	upat / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICA	
12 Centributer's	principal eccupation (FOR JUDICIAL)	13 Centribu	iter's job title (FOR JU	DICIAL) (See Instructions)
14 Centributer's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spau	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		7,100	
Date	Full name of contributor   cut-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
5/2/24	City; State;	Zip Code	450.00	Nerth Joseph Safe Signed proture
	Brawna TX 77	497	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
	principal eccupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
Centributer's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's apou	ae (if any) (FOR JUDICIAL)
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ı	ATTACH ADDITIONAL COPIES OF T			o requirements.

### SCHEDULE A2

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

Th	e instruction Guide explains hew to complete this form	٦.	1 Total pages Schedule A2		
2 FILER NAME	Burridee		3 Filer ID (Ethica Co	emmission Filers)	
(	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 5 hh 10 Principal occ	Full name of contributor □ out-of-state PAC (ID#□  TYOL Kon Her  T Contributor address; City; State;  STOCKATE 7743 3.  upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code		8 In-kind contribution   description   description   Outbur furched   Faddlewheder   Faddlewheder   Faddlewheder   Schedule T.   AL)(See Instructions)	
12 Centributer's	principal eccupation (FOR JUDICIAL)	13 Centribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Centributer's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 5/2/24	Full name of contributor	Zip Cede	Amount of Contribution \$	In-kind contribution classification pantys pantys de of Texas. Complete Schedule T.	
Principal occ	title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Centributer's	principal occupation (FOR JUDICIAL)	Contribu	uter's job title (FOR JU	JDICIAL)(See Instructions)	
Contributer's	employer/law firm (FOR JUDICIAL)	Law firm	of centributer's apeu	se (if any) (FOR JUDICIAL)	
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HISSCHEDU	JLEAS NEEDED		

### 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 Jay Burida			3 Filer ID (Ethics Co.	mmission Filers)	
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor  out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description	
5/2/24		Zip Code	1272	Auction	
	ldie Jackson TK.	7756	Check if travel outsi	de of Texas. Complete Schedule T.	
<b>10</b> Principal occi	upation / Job title (FO -JUDICIAL) (See Instructions)	1	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•			
Date	Full name of contributor out-of-state PAC (ID#:  Kenjo Kelly  Contributo s; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution description  AHNS TIUE'S	
	Brozonia TX 77	1477	Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA	•	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED		

#### LOANS SCHEDULE E Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) Buridge TOTAL OF UNITEMIZED LOANS \$ Name of lender Date of loan out-of-state PAC (ID#:\_ Loan Amount (\$) Lender address; Zip Code 10 Interest rate Is lender a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) Blocaria (suntu 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) M none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (ID#:\_\_\_\_\_ Interest rate City; State; Is lender Lender address; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) **INFORMATION** Guarantor address; Zip Code City; State; not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**Reset Form** 

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	-	al Services ne Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form,	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME	2		3 Filer ID (Ethics	s Commission Filers)
	Jan	1 Durlige			
4 Date	5 Payee name	,			
3/1/24	Ceiale	$\Omega$			
6 Amount (\$)	7 Payee addres	ss;	City;	State;	Zip Code
221.74	137 €	Mulberry S	H. Angleton	TX 775	515
8	(a) Category (Se	e Categories listed at the top of this sch	nedule) (b) Description		
PURPOSE					
OF EXPENDITURE	Advert	s ins	Shirts		
	(C) Chec	k iftravel outside of Texas. Complete Sche	edulaT . Chack if Aust	tin, TX, officeholder living	a evhance
				, IN UNIVERSIDIDE INTE	
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office sought		Office held
Date	Payee name				
3/1/24	Waln	rort			
Amount (\$)	Payee addres	ss;	City;	State;	Zip Code
118.84	121 Hu	m 352 Ldre	Jackson TX	77566	
	Category (See	Categories listed at the top of this sch	edule) Description		
PURPOSE					
OF EXPENDITURE	Polling E	X Ren Cl.	Tents		
	Chec	kif travel outside of Texas. Complete Scho		tin, TX, officeholder living	g expense
Complete ONLY if direct	Candidate /	Officeholder name	Office sought		Office held
expenditure to benefit C/Oh			<b>3</b>		
Date	Payee name				
3/5/24	Dibrel	1 + Assoc.			
Amount (\$)	Payee addres	SS;	City;	State;	Zip Code
518.30	4203 E	blade Shadew (	Jr. Katy TX.	77494	
	Category (See	Categories listed at the top of this sch	edule) Description		
PURPOSE					
OF EXPENDITURE	Carrie	•	Les		
EAT ENDITORE	Consult	mp	1,00		<u> </u>
		kiftravel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name	Office sought		Office held
	ATTAC	H ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	
Forms provided by Texas Eth	ics Com	Desot Form Cs.	s <b></b>		Revised 8/17/2020

**Reset Page** 

### 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

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) 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 City; 6 Amount (\$) Zip Code State; Payee address; 161.18 Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Event OF **EXPENDITURE** (c) Check if travel outside of Tiexas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Tiexas. Complete Schedute T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code **PURPOSE** Event OF **EXPENDITURE** Check iftravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Com

Reset Form

CS.S

Reset Page

### 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 Gitl/Awards/Memortals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing 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 co	omplete this form.	
1 Total gages Schedule F1:	2 FILER NAME)	] 3	3 Filer ID (Ethics Commission Filers)
	Jay Buridge		
4 Date	5 Payee hame		
51/8/24	Dibrell and Assoc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1257.62	4203 Glade Shedow C	t. Kauty J)	× 77494
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Consultaré	Fees	
		1	
	(C) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name ·		
3/22/24	Nibrell and Assoc.		
Amount (\$)	Payee address;	City;	State; Zip Code
2550.00	4203 Glade Shedow G	t. Katy -	TX 71494
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Cansu Unio	Fres	
	Checkiftravel outside of Texas. Complete Schedule 1.	1 -	TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	1		
Date	Payee name		
4/1/24	Alvin Monuel Chamber		
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	105 Willis St. Alu.	in , TK . 77	7511
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Other	membership	)
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	PED

Forms provided by Texas Ethics Com

**Reset Form** 

cs.s

**Reset Page** 

### 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/Polltical Committee
CreditCardPayment

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jay Burridge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Office		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
204.00	100 Cannon Dr	Angleton	TX 77515
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office	Postage	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/3/24	Sprint 2 Print		
Amount (\$)	Payee address;	City;	State; Zip Code
775.00	8748 Clay Rd \$500	Houston	TX 77080
51155655	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing	Signs	
	Check if travel outside of Tiexas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/2/24	Henry Dibrell		
Amount (\$)	Payee address;	City;	State; Zip Code
4000.00	4203 Glade Shodow Ct.	Katy TX	77494
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consultine	Fee	
	Check if travel outside of Tiexas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED
l			South Brest Ad

Forms provided by Texas Ethics Com

**Reset Form** 

CS.S

**Reset Page** 

### 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

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

Reset Form

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Jay Buttidge		
4 Date 4/8/24	5 Payee name  Walaneas		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
58.13	131 Dude Cr. Dc. U	de Jaussin	TX 77566
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	orinhan	Cords	
	(C) Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder living expense
O Complete ONLY if dispet	Candidate / Officeholder name	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/OF		Onice adagnit	Office field
Date	Payee name ·		
419/24	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
12, 50	1	A	
106.	100 Cannon No.	Moter	TX 77515
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Λ1		
EXPENDITURE	Advertisine	Stangs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/9/11	Walanas		
Amount (\$)	Payee address;	City;	State; Zip Code
	•		
18.75	131 Oyster Cr. Dr. (	de Jackson	TX 77566
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	, ,		
OF EXPENDITURE	Drinting	Cards	
	Checkiftravel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED
forms provided by Texas Eth			Revised 8/17/2020

Reset Page

### 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/PoliticalCommittee Credit Card Payment

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

**Reset Form** 

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1	July 1001 100gc			
4 Date	5 Rayee name			
7113124	rw M			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
67.14	2211 N. 15 St. Sajox	<del>,                                      </del>	1088	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF	Fees	Fees		
EXPENDITURE	1 1-069	1120		
	(C) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name ·			
Amount (\$)	Payee address;	City;	State; Zip Code	
	,	•-••		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Ol	н			
	Boyco nome	d		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
DUDDOSE	ge. , ( general and a more op or una collectule)	2 2 2 3 1 1 1 1 1		
PURPOSE OF				
EXPENDITURE			•	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	4	ŭ		
			<u>-</u>	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
Forms provided by Toys - 54				
Forms provided by Texas Eth	nics Com Docot Corm cs.s	Donat Dona	Revised 8/17/2020	

**Reset Page** 

### 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** Solicitation/Fundraising Expense Loan Repayment/Reimbursement 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 Legal Services Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Payee address; City; Zip Code **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State: Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Date Pavee address: Amount (\$) City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE

Forms provided by Texas Ethics Com-

Complete ONLY if direct expenditure to benefit C/OH

Reset Form

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

cs.s

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

Office sought

Check if Austin, TX, officeholder living expense

Revised 8/17/2020

Office held

### SCHEDULE F1

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

II the requested line	officiality is flot applicable, <b>DO NOT illicitude</b>	tills page in the re	չիու։		
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCard Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense 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		3 Filer ID (Ethics Commission Filers)		
4 Date 5/2/114	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
451.45	1955 Broadway St.600	akland CA	94612		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Fees			
	(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	Payee name				
5/6/24	Zeiglers				
Amount (\$)	Payee address;	City;	State; Zip Code		
113.04	137 E Mulberry Angle	ton TX 77	1515		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Arbertisine	hats & shir	t		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5/6/24	Alvin Sun				
Amount (\$)	Payee address;	City;	State; Zip Code		
570,00	500 Jula Alvin T	(77511			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Ads			
	Check iftravel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		

Forms provided by Texas Ethics Com

Complete ONLY if direct expenditure to benefit C/OH

Reset Form

Candidate / Officeholder name

cs.s

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

Office sought

Revised 8/17/2020

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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment	· ·	ages/Contract Labor	Other (entera category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME TOUR BUNIDAL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
113.03	137 6 Mulherry	Anoloton	TX 77515
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	A \	A .	
EXPENDITURE	Adv	Shirt	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	A STATE OF THE STA	
5/7/24	TCPAA		
Amount (\$)	Payee address;	City;	State; Zip Code
250.00	240 m) Galveston St	· Cago	o City TX 17574
	Category (See Categories listed at the top of this schedule)	Description O	,
PURPOSE OF EXPENDITURE	Event	Sporsorsh	īΡ
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/10/24	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
1564.00	100 Cannon Or. Angleto	1, TX.77	515
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		and.	
EXPENDITURE	Advertising	postage	
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

Forms provided by Texas Ethics Com

Reset Form

cs.s

Reset Page

### 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

Event Expense
Fees
Food/Beverage Expense
Gift/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
Other (enter a category pot listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Cinor (cinor d'octogol	i y not not out above,
1 Total pages Schedule F1:	2 FILER NAME Jay Burridge		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	I	1	
C/16/24	Pay Pal			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
154.15		,CA 951	31	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF		<b>-</b> .		
EXPENDITURE	Fees	fees		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/8/24	24 Har Wrist Bands. Com			
Amount (\$)	Payee address;	City;	State;	Zip Code
A	- ^ ^		m ~	
121.73	14550 Beechmot St. #100	Houston TX	17083	
•	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	A			
EXPENDITURE	Adverti sing	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2113124	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
204.00	SJOE Main St Clute	TX 775	231	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		0 34 6		
EXPENDITURE	Advertising	pustage		
·	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	_	Citics (erries a category not listed above)
4 Total pages Cahadula E4.	·		3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	Jan Buridge		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/24	5 Payee name 24 Hr Wrist hands. Om		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
193.73	1455 Boochnut St. \$100	Houston TX.	77183
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE	A .		
OF EXPENDITURE	Fourtisino	pons	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sch	hedule) Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	н		
Date	Payee name		
Bate	. 5,55		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sch	nedule) Description	-
PURPOSE			
OF EXPENDITURE			
		_	_
	Check if travel outside of Texas. Complete Sch		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
expenditure to beliefit G/Of			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED