CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICEHOLDER The Honorable William T. Control Struct NMME LAST SUFFIX Vill Metcall OVI17/2023 4 CANDIDATE: OFFICEHOLDER MALING MADDRESS /PO BOX: APT / SUITE 4; CITY; ZIP CODE 195 Lake View Circle Invest Invest 195 Lake View Circle Vaughan SUFFIX NICKINAME LAST SUFFIX STATE; ZIP CODE 12575 Pearson Rd. Northoread View View View View View View View View	The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00069477	,	2 Total pages	filed: 40
0+HEEHODER NAME The Honorable William T. Inc. Received ELECTRONICALLY FILED 07/17/2023 1 CANDIDATE/ OFFICEHOLDER MALING ADDRESS / PO BOX: APT / SUITE #; CITY: SUFFIX OP CODE Too Name diabated in Code Personnet December of Date Personnet December of Date Personnet Date Processed 1 CANDIDATE/ OFFICEHOLDER MALING ADDRESS MS / MRS / MR Mrs. FIRST Million Million 1 CAMPAIGN TREASURER ADDRESS MS / MRS / MR Mrs. FIRST Juli S. Million 1 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); Presence of abures MPT / SUITE #; CITY; STATE; STATE; ZIP CODE 1 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); Presence of abures; Presence		MS / MRS / MR	FIRST	-	MI		USE ONLY
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5 CAMPAIGN TREASURER NAME MS / MRS / MR Mrs. FIRST JIII S. MI NICKNAME LAST Vaughan SUFFIX 6 CAMPAIGN TREASURER ADDRESS (residence of Businesa) STREET ADDRESS (NO PO BOX PLEASE); I2575 Pearson Rd. APT / SUITE #; OTY; STATE; ZIP CODE 7 CAMPAIGN TREASURER PHONE AREA CODE (713) 899-9657 PHONE NUMBER EXTENSION 8 REPORT TYPE January 15 JUIY 15 30th day before election Exceeded modified reporting limit ISth day after campaign treasurer appointment (difficiendular only) 9 PERIOD COVERED Month Day Year O1/01/01/2023 THROUGH Month Day Year O6/30/2023 Other Special 10 ELECTION DATE Month ELECTION DATE ELECTION TYPE State Representative District 16 Montgomery 12 OFFICE SOUGHT (fr known) State Representative District 16 GO TO PAGE 2		5 5				Date Processed	
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 40

13 C / OH NAME	Metcalf, William T. (T	he Honorable)	14 Filer ID (E 00069477	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officel	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00					
	5)	\$ 10,500.00					
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 73,241.52			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 502,484.37			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 140,000.00			
17 AFFIDAVIT		l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Honor	rable William T. Metca	alf			
		Signature of	f Candidate or Officehold	ler			
AFFIX NOT	TARY STAMP / SEAL ABO	DVE					
		aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of offic		Printed name of officer administering		administering oath			

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 40 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Metcalf, William T. (The Honorable) 00069477 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 10,500.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 73,241.52 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/40	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		iam T. (The Honorable)			00069477	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/29/2023	Autry, Evan				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78739				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Consultant		Autry Public Affairs			
F	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/20/2023	Ryan, Jason	/			\$5,000.00
		-		ł		
		Contributor address; City; State; Zip Code				
		Houston, TX 77021	Employer (See Instructions			
		pation / Job title (See Instructions)	5)			
	Attorney					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/27/2023	Wells, Jason				\$5,000.00
				1		
		Houston, TX 77005				
-	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	President		CenterPoint Energy	5)		
			CenterPoint Energy			

			EX	PENDITURE CA	TEGOR	IES FOR	во	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/B Gift/Aw nmittee Legal S	Expense everage Expense ards/Memorials Expens revices Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	rhead/ ense pense ages/	Contract Labor		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	on Filers)	
	Sch: 1/36 Rpt: 5/40		Metcalf, William	Г. (The Honorat	ole)					00069477			
4	Date	5	Payee name										
	03/21/2023		All Star Catering	Со									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Coo	de						
	\$564.30		1201 N Danville	St									
			Willis, TX 77378										
8	PURPOSE OF	(a)	Category (See Categ	pories listed at the top o	f this sche	dule)	(b)	Description					
	EXPENDITURE		Event Expense							de of Texas. Com officeholder living			
								Campaign fur					
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Of	ffice soug	ght			Office he	eld		
	Date		Payee name										
	05/27/2023		All Star Catering	Со									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de						
	\$1,410.77		1201 N Danville	St									
			Willis, TX 77378										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categ Event Expense	pories listed at the top o	f this sche	dule)			, TX,	de of Texas. Com officeholder living aiser caterin	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Of	ffice soug	ght			Office he	eld		
	Date		Payee name										
	06/20/2023		Anedot										
	Amount (\$)	\vdash	Payee address;	City;	State [.]	Zip Coo	de.						
	\$195.30		PO Box 84314	,	,								
			Baton Rouge, LA	70884									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categore Categor	pories listed at the top o	f this sche	dule)		Check if Austin,	, TX,	de of Texas. Com officeholder living essing fees		onations	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Ot	ffice soug	ght			Office he	eld		

		EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)			
	Sch: 2/36 Rpt: 6/40	Metcalf, William T. (The Honorable)	00069477			
4	Date 06/27/2023	Payee name Anedot				
6	Amount (\$) \$195.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Credit Card processing fees for campaign donation						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/29/2023	Anedot				
	Amount (\$) \$19.80	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884				
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ocessing fees for campaign donations			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/20/2023	Apple Store				
	Amount (\$) \$1,714.63	Payee address; City; State; Zip Code 1201 Lake Woodlands Dr				
		The Woodlands, TX 77380				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ampaign laptop			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

		EXPENDITURE CATEGORIES FOR BO	X 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/ Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/36 Rpt: 7/40	Metcalf, William T. (The Honorable)	00069477
4	Date	Payee name	
	02/23/2023	Arnwine, Adam	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	8014 W William Cannon Dr	
		Austin, TX 78745	
8	PURPOSE OF		Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign contract labor bonus
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/26/2023	Arnwine, Adam	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	3014 W William Cannon Dr	
	PUPPopp	Austin, TX 78745	
	PURPOSE OF	3) (err emigence mark op er meterne)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Campaign contract labor bonus
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/19/2023	Sarry, Roger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,600.00	PO Box 1062	
	DUDDOCE	Montgomery, TX 77356	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Campaign storage unit rental
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held

		EXPENDITU	JRE CATEGORIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			head/Rental Expense ense pense ages/Contract Labor	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:	ILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 4/36 Rpt: 8/40	letcalf, William T. (The F	lonorable)		00069477				
4	Date 02/02/2023	ayee name entwater Yacht & Count	ry Club						
6	Amount (\$)	ayee address; City;	State: Zip Co	lo					
U	\$25.00	00 Bentwater Dr							
		lontgomery, TX 77356							
 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign monthly member luncheon - North Sh Republican Women 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sou	ht	Office held				
	Date	ayee name							
	01/04/2023	etter Bookkeepers, Inc.							
	Amount (\$)	ayee address; City;	State; Zip Co	le					
	\$406.25	9221 I-45 South							
		Ste 300							
		he Woodlands, TX 7738	5						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed a ccounting/Banking	at the top of this schedule)	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense COUNTING SERVICE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name	Office sou	ht	Office held				
F	Date	ayee name							
	02/03/2023	etter Bookkeepers, Inc.							
-	Amount (\$)	ayee address; City;	State; Zip Co	le					
	\$568.75	9221 I-45 South							
		te 300							
		he Woodlands, TX 7738	5						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign accounting service									
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sou	ht	Office held				

						o)/ 0/-)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEGOR Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayme erhea pense xpens Vages	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		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)		
1	Sch: 5/36 Rpt: 9/40	1	Metcalf, William T. (The Honorable)				ľ	00069477			
4	Date	5	Payee name								
-	02/11/2023		Better Bookkeepers, Inc.								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	nde						
ľ	\$75.00	ľ	19221 I-45 South	210 00	ac						
	φ/ 5.00										
			Ste 300								
			The Woodlands, TX 77385								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Accounting/Banking						nplete Schedule T.		
								, officeholder living			
						Campaign ac	COL	unting servic	се		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight			Office h	eld		
	Date		Payee name								
	04/05/2023		Better Bookkeepers, Inc.								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$130.00		19221 I-45 South								
			Ste 300								
			The Woodlands, TX 77385								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description					
	EXPENDITURE		Accounting/Banking					ide of Texas. Com , officeholder living	nplete Schedule T.		
						Campaign ac					
						oumpaign ac					
	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	abt			Office h	old		
	expenditure to benefit C/OI			mee sou	igin			Onice in	eiu		
	-	-									
	Date		Payee name								
	05/05/2023		Better Bookkeepers, Inc.								
	Amount (\$)			Zip Co	ode						
	\$308.75		19221 I-45 South								
			Ste 300								
			The Woodlands, TX 77385								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description					
	OF		Accounting/Banking	,		Check if travel	outsi	ide of Texas. Com	nplete Schedule T.		
	EXPENDITURE							, officeholder living			
						Campaign ac	COI	unting servio	се		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	H									

			EXDENI	DITURE CATEGO		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 Gift/Awards/Me hmittee Legal Services	Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting ExpenseLegal ServicesSalaries/Wages/Contract LaborThe Instruction Guide explains how to 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)		
	Sch: 6/36 Rpt: 10/40		Metcalf, William T. (Th	e Honorable)				00069477			
4	Date	5	Payee name								
	06/06/2023		Better Bookkeepers, I	nc.							
6	Amount (\$)	7	Payee address; City	State;	Zip Co	de					
	\$162.50		19221 I-45 South								
			Ste 300								
			The Woodlands, TX 7	7385							
_	BUBBOOF				r	(J-)					
8	PURPOSE OF	(a)	Category (See Categories lis	sted at the top of this sch	edule)	(b) Description	outei	de of Texas. Com	aloto Schodulo T		
	EXPENDITURE		Accounting/Banking					officeholder living			
						Campaign ac					
						1 5		5			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder na	me C	Dffice sou	ght		Office he	ld		
	Date		Payee name								
	01/11/2023		Braun's Engraving								
Amount (\$) Payee address; City; State; Zip Code											
	\$32.00		810 W Davis St	,							
	4 52.00		oio w Duvis St								
			Conroe, TX 77301								
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Gift/Awards/Memorials	s Expense				de of Texas. Com			
								officeholder living			
						Engraving ex	per	ise for comr	nunity awards		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	ght		Office he	ld		
	Date		Payee name								
	04/25/2023		Capitol Gift Shop								
	Amount (\$)		Payee address; City	State:	Zip Co	de					
	\$147.22		1400 Congress Ave	Cialo,							
	Ψ147.22		Suite E1.006								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Event Expense					de of Texas. Com			
								officeholder living			
						Auction item	iUľ	campaign fu	inui disei		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	ght		Office he	la		

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)				
	Sch: 7/36 Rpt: 11/40	Metcalf, William T. (The Honorable)	00069477				
4	Date 04/09/2023	5 Payee name Christell's Flowers					
6	Amount (\$) \$88.74	7 Payee address; City; State; Zip Code 214 E Avenue B Killeen, TX 76541					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for member funeral							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/23/2023	Conroe Noon Lions Club					
	Amount (\$) \$605.00						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense embership dues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/09/2023	Conroe Tiger Baseball Booster Club					
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 3205 W Davis St					
		Conroe, TX 77304					
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign sponsorship in baseball program						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

			EXPENDITURE CATEGORIES F	OR BO	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Overhead g Expense g Expens es/Wages	e /Contract Labor		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)		
	Sch: 8/36 Rpt: 12/40		Metcalf, William T. (The Honorable)				00069477		
4	Date	5	Payee name						
	06/15/2023		Conroe/Lake Conroe Chamber						
6	Amount (\$)	7	Payee address; City; State; Zip	Code					
	\$2,000.00		505 W Davis St						
			Conroe, TX 77301						
8	PURPOSE	(a)		(b)	Description				
ľ	OF	(a)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(0)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Committee				officeholder living expense		
					Lobsterfest s	pon	isorship		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	sought			Office held		
	Date		Payee name						
	01/18/2023		Constant Contact						
	Amount (\$)	\vdash	Payee address; City; State; Zip	Code					
	\$47.97		1601 Trapelo Road	oouc					
	φ-1.51								
			Waltham, ME 02451						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. officeholder living expense		
					Email newsle				
							experied (
	Complete ONLY if direct		Candidate/Officeholder name Office s	nuapt			Office held		
	expenditure to benefit C/OI			Jought					
-	Date		Payee name						
	02/09/2023		Constant Contact						
				Codo					
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$47.97		1601 Trapelo Road						
			Waltham, ME 02451						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
					Email newsle	uer	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	sought			Office held		
	openditore to benefit C/O								

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract	Expense Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/36 Rpt: 13/40		Metcalf, William T. (The Honorable)					00069477	
4	Date	5	Payee name						
	03/09/2023		Constant Contact						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$47.97		1601 Trapelo Road						
		,	Waltham, ME 02451						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Descri	ption			
	OF EXPENDITURE		Office Overhead/Rental Expense						plete Schedule T.
								officeholder living	j expense
								onpolico	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office sou	ght			Office he	eld
	Date		Payee name						
	04/09/2023		Constant Contact						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$47.97		1601 Trapelo Road						
		,	Waltham, ME 02451						
	PURPOSE		Category (See Categories listed at the top of this sch		(b) Descri	ntion			
	OF		Office Overhead/Rental Expense	ledule)		•	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							officeholder living	j expense
					Email	newsle	tter	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office he	eld
	Date		Payee name						
	05/09/2023		Constant Contact						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$47.97		1601 Trapelo Road						
		,	Waltham, ME 02451						
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Descri	•			
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Com officeholder living	plete Schedule T.
								r expense	J expense
-	Complete ONLY if direct	L C	andidate/Officeholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labo The Instruction Guide explains how to complete this form.	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 10/36 Rpt: 14/40	Metcalf, William T. (The Honorable)	00069477					
4	Date 06/09/2023	Payee name Constant Contact						
6	Amount (\$) \$47.97	 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, ME 02451 						
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email newsletter expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/30/2023	Corporate Incentives						
	Amount (\$) \$1,222.16	Payee address; City; State; Zip Code 26414 Oak Ridge Dr.						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense e gifts expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/02/2023	Etsy						
	Amount (\$) \$29.96	Payee address; City; State; Zip Code 55 Washington Street Suite 512 Brooklyn, NY 11201						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense or map for invitations					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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)		
	Sch: 11/36 Rpt: 15/40		Metcalf, William T. (The Honorable)				00069477		
4	Date	5	Payee name			-			
	01/31/2023		FedEx						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$31.18		1304 W Davis St						
			Suite I						
			Conroe, TX 77304						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,	Check if travel		de of Texas. Complete Schedule T.		
							officeholder living expense		
					Campaign pr	Intu	ng expense		
9	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	Jht		Office held		
	expenditure to benefit C/OI	Η							
	Date		Payee name						
	02/24/2023		FedEx						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$7.31	1304 W Davis St							
Suite I									
			Conroe, TX 77304						
	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.		
					Campaign pr		officeholder living expense		
					Campaign pi	mu	ng expense		
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	iht		Office held		
	expenditure to benefit C/OF				,				
_	Date	<u> </u>	Payee name						
	05/19/2023		FedEx						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$81.87		1304 W Davis St	2.10 000					
			Suite I						
			Conroe, TX 77304						
	PURPOSE				(b) Description				
	OF	(4)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	I, TX	officeholder living expense		
					Campaign pr	inti	ng expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Iht		Office held		
	,								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				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)			
	Sch: 12/36 Rpt: 16/40		Metcalf, William T. (The Honorable) 00069477							
4		5	Payee name							
	05/25/2023		FedEx							
6	Amount (\$)	7		Zip Co	le					
	\$7.09		1304 W Davis St							
			Suite I							
			Conroe, TX 77304							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
					Campaign pr		, officeholder living expense			
					Campaign pi	II IU	ng expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	Jht		Office held			
	Date		Payee name							
	06/02/2023		FedEx							
Amount (\$) Payee address; City; State; Zip Code										
	\$143.40		1304 W Davis St							
			Suite I							
			Conroe, TX 77304							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
			Office Overhead/Rental Expense	cuuic)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					, officeholder living expense				
					Campaign pr	inti	ng expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	Int		Office held			
		_								
	Date		Payee name							
	04/26/2023		Freytag's Northwest Florist							
	Amount (\$)			Zip Co	le					
	\$90.87		2211 W Anderson Ln							
			Austin, TX 78757							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T.			
	-				Flowers for n		, officeholder living expense			
						ien				
	Complete ONLY if direct		Candidate/Officeholder name C	office soug	iht		Office held			
	expenditure to benefit C/OF				j					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Fees Office Overhead/Rental Expense Transportation Food/Beverage Expense Polling Expense Travel in Dis Gift/Awards/Memorials Expense Printing Expense Travel Out of					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)	
	Sch: 13/36 Rpt: 17/40		Metcalf, William T. (The Honorab	le)				00069477	
4	Date 05/30/2023	5	5 Payee name Giese, Daniel						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$3,000.00		6103 Mountain Villa Cove						
			Austin, TX 78731						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Campaign c	ontr	ract labor bonus	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	01/01/2023		Google						
	Amount (\$)	-	Payee address; City;	State	; Zip Co	de			
	\$38.38		1600 Amphitheatre Parkway	otato	, <u></u> p ee				
	φ00.00								
			Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)			ide of Texas. Complete Schedule T. ., officeholder living expense	
						Campaign e	mai	il charge	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	01/26/2023		Google						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$2.12		1600 Amphitheatre Parkway	otato,	, <u>Lip 00</u>				
			Mountain View, CA 94043						
	PURPOSE	(a)	Category (See Categories listed at the top of		edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				n, TX	ide of Texas. Complete Schedule T. K, officeholder living expense Storage	
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	· ·	Office sou	aht		Office held	
	expenditure to benefit C/OI			C		grit			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr - Gift/Awards/Memorials Expense Printing Expense Tr				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		•		•		3	Filer ID (Ethics Commission Filers)
-	Sch: 14/36 Rpt: 18/40	2							00069477
4	Date	5	Payee name						
	02/02/2023		Google						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$43.94		1600 Amphitheatre Parkway						
			Mountain View, CA 94043						
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description		
	OF		Office Overhead/Rental Expens		iouulo)			outsio	de of Texas. Complete Schedule T.
	EXPENDITURE		·						officeholder living expense
							Campaign en	nail	charge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Office sou	ght			Office held
	Date		Payee name						
	02/26/2023		Google						
	Amount (\$)		Payee address; City;	State	; Zip Co	db			
	\$2.12			State	, zip co	ue			
\$2.12 1600 Amphitheatre Parkway									
			Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expense		nedule)	(b)	Description Check if travel o	outsid	de of Texas. Complete Schedule T.
	EXPENDITORE								officeholder living expense
							Campaign clo	Juu	storage
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Office sou	ght			Office held
	Date		Payee name						
	03/02/2023		Google						
	Amount (\$)	-	Payee address; City;	State	; Zip Co	de			
	\$44.77		1600 Amphitheatre Parkway	State	, <u>-</u> ip CO				
	ψ++.11								
			Mountain View, CA 94043						
	PURPOSE	(a)	Category (See Categories listed at the top		nedule)	(b)	Description	_	
	OF EXPENDITURE		Office Overhead/Rental Expens	е					de of Texas. Complete Schedule T.
									officeholder living expense
							Campaign en	nail	cnarge
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	ght			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wage/Contract Labor	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 15/36 Rpt: 19/40	Metcalf, William T. (The Honorable)	00069477					
4	Date 03/26/2023	023 5 Payee name Google						
6	Amount (\$) \$2.12	7 Payee address; City; State; Zip Code 2.12 1600 Amphitheatre Parkway Mountain View, CA 94043						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign cloud storage								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/02/2023	Google						
Amount (\$) Payee address; City; State; Zip Code \$44.77 1600 Amphitheatre Parkway								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense a ail charge					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/26/2023	Google						
	Amount (\$) \$2.12	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway						
		Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ud storage					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committe	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		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 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 16/36 Rpt: 20/40		tcalf, William T. (The Hono	rable)				00069477
4	Date 05/02/2023		vee name ogle					
6	Amount (\$) \$44.77	16	vee address; City; 00 Amphitheatre Parkway untain View, CA 94043	State;	Zip Coo	e		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 0 Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. 0 Check if Austin, TX, officeholder living expense 0 Campaign email charge						, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office souç	ht		Office held
	Date	Pay	vee name					
	05/26/2023	Go	ogle					
	Amount (\$) \$2.12	16	vee address; City; 00 Amphitheatre Parkway	State;	Zip Coo	e		
	PURPOSE OF EXPENDITURE	(a) Cat	untain View, CA 94043 egory (See Categories listed at the tr ice Overhead/Rental Exper		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I storage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	ht		Office held
	Date	Pay	vee name					
	06/01/2023	-	ogle					
	Amount (\$) \$44.77	-	vee address; City; 00 Amphitheatre Parkway	State;	Zip Coo	е		
		Мо	untain View, CA 94043					
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the tr ice Overhead/Rental Exper		edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I charge
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	FeesOffice Overhead/Rental ExpenseTraFood/Beverage ExpensePolling ExpenseTraGift/Awards/Memorials ExpensePrinting ExpenseTra					Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 17/36 Rpt: 21/40								00069477	
4	Date 06/25/2023	5	Payee name Google							
6	Amount (\$) \$2.12	7 Payee address; City; State; Zip Code 2.12 1600 Amphitheatre Parkway Mountain View, CA 94043								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Campaign cloud storage										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht			Office he	ld
	Date		Payee name							
	05/30/2023		Henry, Sarah							
	Amount (\$) \$2,000.00		Payee address; City; 510 Malone St	State;	; Zip Coo	le				
			Tomball, TX 77375							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	f this sch	edule)	Cr	neck if travel o neck if Austin,	TX,	le of Texas. Comp officeholder living act labor bor	expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht			Office he	ld
	Date		Payee name							
	05/08/2023		Houston Chronicle Media Group							
	Amount (\$) \$1,460.00		Payee address; City; 21901 TX-249 #500	State;	; Zip Coo	le				
			Houston, TX 77070							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	f this sch	edule)	Cr	neck if travel o	ΤX,	le of Texas. Comp officeholder living tisement	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 18/36 Rpt: 22/40	Metcalf, William T. (The Honorable) 00069477						
4	Date 03/27/2023	5 Payee name Lake Conroe Area Republican Women						
_								
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 737 Montgomery, TX 77356						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Ū	OF	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser sponsorship 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/13/2023	Lake Conroe Area Republican Women						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
	\$23.00	PO Box 737 Montgomery, TX 77356						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly luncheon fee 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
⊨	Date	Payee name						
	02/11/2023	Lake Conroe Area Republican Women						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$23.00	PO Box 737						
		Montgomery, TX 77356						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly luncheon fee 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 19/36 Rpt: 23/40	Metcalf, William T. (The Honorable)	00069477					
4	Date 04/12/2023	Payee name Lake Conroe Area Republican Women						
6	Amount (\$) \$23.00	Payee address; City; State; Zip Code PO Box 737 Montgomery, TX 77356						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly luncheon fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/16/2023	Lake Conroe Area Republican Women						
	Amount (\$) \$23.00	Payee address;City;State;Zip CodePO Box 737						
	PURPOSE	Montgomery, TX 77356 Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense :heon fee					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/24/2023	Lake Conroe Area Republican Women						
	Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 737 <t< th=""><th></th></t<>						
		Montgomery, TX 77356						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense gram fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor		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)		
	Sch: 20/36 Rpt: 24/40		Metcalf, William T. (The Honorable)				00069477		
4	Date 06/22/2023		5 Payee name Lake Creek TD Club						
6	Amount (\$)			; Zip Co	de				
ľ	\$500.00		20639 FM 2854 Rd	, 20 00					
			Montgomery, TX 77316						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense	,	Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Campaign ac	ive	rtising sponsorship		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	01/12/2023		Liberty Belles Republican Women						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$600.00		73 Greenbriar Drive						
			Conroe, TX 77304						
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	nittoo			ide of Texas. Complete Schedule T. , officeholder living expense		
			Candidate/Officenoide//Political Comm	nilee	Fundraiser sp				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght		Office held		
		-							
	Date		Payee name						
	01/08/2023		Liberty Belles Republican Women						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$19.00		73 Greenbriar Drive						
			Conroe, TX 77304						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Monthly luncl	iec			
	Complete ONUV 5 diversit	Ļ	endidata/Office hald an anna		abt		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name 0	Office sou	gnt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expens Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labo The Instruction Guide explains how to complete this form	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 21/36 Rpt: 25/40	/letcalf, William T. (The Honorable)	00069477					
4	Date	Yayee name						
	05/05/2023	iberty Belles Republican Women						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$19.00	'3 Greenbriar Drive						
		Conroe, TX 77304						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	1					
	OF EXPENDITURE	ees Check if t	ravel outside of Texas. Complete Schedule T.					
	EXPENDITORE		ustin, TX, officeholder living expense					
		Monthly	uncheon fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/15/2023	ifeFirst						
-	Amount (\$)							
	\$1,000.00	Payee address; City; State; Zip Code						
	\$1,000.00 PO B0X 115							
		lagnolia, TX 77353						
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	1					
	OF EXPENDITURE		ravel outside of Texas. Complete Schedule T.					
			ustin, TX, officeholder living expense					
		Event spo	nsorsnip					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sought	Office held					
F	Date	ayee name						
	01/10/2023	Aailchimp						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
	\$36.24	75 Ponce de Leon Ave NE						
	\$0012 T	Suite 5000						
		Atlanta, GA 30308						
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense					
			n email platform					
-	Complete ONLY if direct	undidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
L								

				EXPENDITURE O	CATEGOR	RIES FOR	BO	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Rental Expense Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 22/36 Rpt: 26/40		Metcalf, Willia	um T. (The Honor	rable)					00069477	
4	Date	5	Payee name								
	02/06/2023		Mailchimp								
6	Amount (\$)	7	Payee address	; City;	State;	; Zip Coo	de				
	\$36.24		675 Ponce de	e Leon Ave NE		-					
			Suite 5000								
			Atlanta, GA 3	0308							
8	PURPOSE			Categories listed at the to	on of this sch	odula)	(b)	Description			
	OF EXPENDITURE		Advertising E		μ σι από όσ	euuicy	<u>[</u>		outsio	de of Texas. Comp	blete Schedule T.
	EAPENDITORE						[officeholder living	expense
							(Campaign en	nall	platform	
_	O mediate ONU V if direct						1-4			Office he	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name		Office soug	gnt			Office he	Id
	Date	Γ	Payee name								
	03/06/2023		Mailchimp								
	Amount (\$)		Payee address	; City;	State;	; Zip Coo	de				
	\$36.24		675 Ponce de	e Leon Ave NE							
			Suite 5000								
			Atlanta, GA 3	0308							
	PURPOSE	(a)	Category (See	Categories listed at the to	op of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising E		r.	, i	Į	Check if travel of		de of Texas. Comp	
							L			officeholder living	expense
							`	Campaign en	lan	ριαιιοιτή	
	Complete ONLY if direct		Candidate/Office	holder name	C	Office soug	nht			Office he	Id
	expenditure to benefit C/OF				-	J1	J			•	
	Date		Payee name								
	04/06/2023		Mailchimp								
	Amount (\$)		Payee address	; City;	State:	; Zip Coo	de				
	\$36.24			e Leon Ave NE	,						
			Suite 5000								
			Atlanta, GA 3	0308							
	PURPOSE			Categories listed at the to			(h)	Description			
	OF		Advertising E		op of this sch	edule)	(,]		outsid	de of Texas. Comp	plete Schedule T.
	EXPENDITURE		/ la ror lioning _				Ì			officeholder living	expense
							(Campaign en	nail	platform	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office soug	ght			Office he	ld

				EXPENDITUR	E CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbu Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this f				yment/Reimbursement rhead/Rental Expense bense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 23/36 Rpt: 27/40		Metcalf, W	illiam T. (The Ho	norable)				00069477	
4	Date	5	Payee name)						
	05/06/2023		Mailchimp							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$36.24		675 Ponce	de Leon Ave NE						
			Suite 5000							
			Atlanta, GA	A 30308						
8	PURPOSE	(a)	Category (See Categories listed at th	o top of this sch	odulo)	(b) Description			
		ľ	Advertising			ieuuie)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE								, officeholder living	expense
							Campaign en	nai	l platform	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(Office sou	ght		Office he	eld
	Date		Payee name	9						
	06/06/2023		Mailchimp							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$36.24		675 Ponce	de Leon Ave NE						
			Suite 5000							
			Atlanta, GA	4 30308						
	PURPOSE	(a)	Category (s	See Categories listed at th	ne top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising	I Expense					ide of Texas. Com	
							Campaign en		, officeholder living	expense
							Campaign en	nai	i plationni	
	Complete ONLY if direct		Candidate/Of	ficeholder name	() Office sou	aht		Office he	eld
	expenditure to benefit C/OI					011100 0004	<u></u>			
-	Date		Payee name							
	05/31/2023		Mendoza,							
	Amount (\$)		Payee addre		State	; Zip Co	he			
	\$1,000.00			Houston Ave	Oluie	, 20 00				
	+_,000.00		200104							
			Huntsville ,	TX 77340						
	PURPOSE OF	(a)		See Categories listed at th		nedule)	(b) Description			
	EXPENDITURE		Salaries/W	ages/Contract La	abor				ide of Texas. Com , officeholder living	•
							Campaign co			
							1			
-	Complete ONLY if direct		Candidate/Of	ficeholder name	() Dffice sou	ght		Office he	eld
	expenditure to benefit C/OI	Н								

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)
1	Total pages Schedule F1:	P FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/36 Rpt: 28/40	Metcalf, William T. (The Honorable)	00069477
4	Date	Payee name	
	05/23/2023	Michael's Stores	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.35	19075 IH-45 N	
		Ste 104	
		Shenandoah, TX 77385-8748	
8	PURPOSE		
°	OF	a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
			pplies for campaign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/09/2023	Montgomery County Association of Business Women	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	13921 Hwy 105 West	
		Suite 130	
		Conroe, TX 77304	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Scholarship	sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
-	Date	Payee name	
	03/14/2023	Montgomery County Fair Association	
	Amount (\$)		
	\$250.00	9201 Airport Road	
		Conroe, TX 77303	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		⊢air livestock	auction registration fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)				
	Sch: 25/36 Rpt: 29/40	Metcalf, William T. (The Honorable)	00069477				
4	Date 05/12/2023	5 Payee name Montgomery County Fair Association					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$8,450.00	9201 Airport Road					
		Conroe, TX 77303					
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense tion contribution				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/28/2023	Montgomery County Republican Party					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	PO Box 45 Conroe, TX 77305					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense onsorship				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
F	Date	Payee name					
	03/13/2023	Montgomery ISD Education Foundation					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,500.00	20774 Eva St					
		Montgomery, TX 77356					
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense aign sponsorship				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office O Food/Beverage Expense Polling F Gift/Awards/Memorials Expense Printing	Overhea Expense Expense (Wages	se s/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 26/36 Rpt: 30/40		Metcalf, William T. (The Honorable)				00069477	(
4	Date 06/14/2023	5	Payee name Montgomery ISD Education Foundation					
6	Amount (\$) \$1,000.00	7	Payee address; City; State; Zip C 20774 Eva St Montgomery, TX 77356	Code				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b)		TX,	de of Texas. Comp officeholder living ion donation	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sc	bught			Office he	ld
	Date		Payee name					
	02/06/2023		Murphy Nasica & Associates					
	Amount (\$)		Payee address; City; State; Zip C	Code				
	\$2,500.00		815-A Brazos St Ste 304 Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense	(b)		TX,	de of Texas. Comp officeholder living Ilting and dig	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sc	ought			Office he	ld
	Date		Payee name					
	03/09/2023		Murphy Nasica & Associates					
	Amount (\$) \$1,500.00		Payee address; City; State; Zip C 815-A Brazos St Ste 304 Austin, TX 78701	Code				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense	(b)		TX,	de of Texas. Comp officeholder living Ilting and dig	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sc	ought			Office he	ld

			EXPENDITURE CATE	GORIES F	OR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan F Office Polling Printing Salarie	epaym Dverhea Expens Exper S/Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 27/36 Rpt: 31/40		Metcalf, William T. (The Honorable	e)				00069477	
4	Date	5	Payee name						
	04/13/2023		Murphy Nasica & Associates						
6	Amount (\$)	7	Payee address; City; S	State; Zip	Code				
	\$2,350.00		815-A Brazos St						
			Ste 304						
			Austin, TX 78701						
_	BUBBAAE				1.0				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis schedule)	(b)	Description		da - 6 T aura - O arra	alata Oshadula T
	EXPENDITURE		Advertising Expense					de of Texas. Com officeholder living	
						Campaign co			
						Campaign Co	/10	and g and a	gital media
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office s	bught			Office he	eld
	Date		Payee name						
	05/16/2023		Murphy Nasica & Associates						
_	Amount (\$)	\vdash	Payee address; City; S	State; Zip	Code				
	\$2,350.00		815-A Brazos St						
	ψ2,350.00								
			Ste 304						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense					de of Texas. Com	
								officeholder living	
						Campaign co	nsi	ulting and di	gital media
					<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office he	eld
	Date		Payee name		_		_		
	06/13/2023		Murphy Nasica & Associates						
	Amount (\$)		Payee address; City; S	State; Zip	Code				
	\$2,350.00		815-A Brazos St						
			Ste 304						
			Austin, TX 78701		-				
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	nis schedule)	(b)	Description			
	EXPENDITURE		Advertising Expense					de of Texas. Com	
						Campaign co		officeholder living	
						Campaign co	113	and up	gital media
	Complete ONIL V 'C I'		Developts /Office to a latence	0"				04	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office he	eia
		•							

	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 E Gift/Awards/Mem Legal Services	Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymen rhead bense pense ages/	t/Reimbursement /Rental Expense Contract Labor		Travel in Distri Travel Out of D	n Equi ict Distric	ipment & Related Expense
1	Total pages Schedule F1:	2		:					2	Filer ID	(Ethics Commission Filers)
1	Sch: 28/36 Rpt: 32/40	 ⁻			Honorable)				ľ	00069477		
	-				Honorable)					00009477		
4	Date	5	Payee name									
	06/21/2023		Murphy Nas	sica & Assoc	ciates							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$92.35		815-A Brazo	os St								
			Ste 304									
				20704								
			Austin, TX 7	/8/01								
8	PURPOSE	(a)	Category (Se	ee Categories liste	ed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense]			de of Texas. Co	•	
										officeholder livi		
								Campaign we	ebs	ite domain	rer	newal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder nam	ie C	Office sou	ght			Office I	held	l
	Date		Payee name									
	06/21/2023		Murphy Nas	sica & Assoc	ciates							
_	Amount (\$)	-	Payee addres			; Zip Co	do					
	.,				Siale	, zip co	ue					
	\$3,031.30		815-A Brazo	5551								
			Ste 304									
			Austin, TX 7	78701								
	PURPOSE	(a)	Category (Se	ee Categories liste	ed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising		·	,		Check if travel	outsi	de of Texas. Co	omple	te Schedule T.
	EXPENDITORE							Check if Austin	, TX,	officeholder livi	ing ex	pense
								Campaign tex	xt n	nessaging		
	Complete ONLY if direct		Candidate/Offi	ceholder nam	ie (Office sou	ght			Office I	held	
	expenditure to benefit C/OI	Н										
	Date	1	Payee name									
	02/23/2023		Newell, Ann	12								
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$1,100.00		4922 Finley	Dr								
			Austin, TX 7	78731								
-	PURPOSE	(a)	Category vo	Cotogorico l'-t	ed at the top of this sch	adula)	(b)	Description				
	OF	(,	Salaries/Wa			iedule)	(~)	-	outsi	de of Texas. Co	omple	te Schedule T.
	EXPENDITURE		Salaries/ WC	iges/contra						officeholder livi		
								Campaign co	ntr	act labor b	onu	IS
								-				
-	Complete ONLY if direct	<u>ر</u>	Candidate/Offi	ceholder nam	ie r	Office sou	aht			Office I	held	1
	expenditure to benefit C/OI			constant tiall			gin			Chice	nciu	

			EXPENDITURE CATE	GORIES F	OR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide expla	Office Pollin Printir Salari	Overhea g Expens Ig Expen es/Wage	ise s/Contract Labor		Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a cate	ment & Related Expense
1	Total pages Schedule F1:	2	· · ·				3	Filer ID (Et	thics Commission Filers)
	Sch: 29/36 Rpt: 33/40		Metcalf, William T. (The Honorable)	1				00069477	
4	Date	5	Payee name						
	05/25/2023		Newell, Anna						
6	Amount (\$)	7	Payee address; City; St	ate; Zip	Code				
	\$2,500.00		4922 Finley Dr						
			Austin, TX 78731						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	a a a b a d u l a)	(b)	Description			
Ĩ	OF	,	Salaries/Wages/Contract Labor	s schedule)	(~)		outsid	le of Texas. Complete	Schedule T.
	EXPENDITURE		Salaries, Wages, Contract Labor					officeholder living expe	
						Campaign co	ontra	act labor bonus	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office	sought			Office held	
	Date		Payee name						
	02/09/2023		North Shore Republican Women						
			-	ato: Zin	Codo				
	Amount (\$)			ate; Zip	Code				
	\$80.00		PO Box 524						
			Willis, TX 77378						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Advertising Expense	s schedule)	(b)		ı, ТХ,	le of Texas. Complete officeholder living expe ook ad	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office	sought			Office held	
	Date		Payee name						
	04/12/2023		North Shore Republican Women						
	Amount (\$)	-		ate; Zip	Codo				
	\$500.00		PO Box 524	αιε, Ζιρ	Coue				
	\$500.00		PO B0x 324						
			Willis, TX 77378						
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					le of Texas. Complete	
			Candidate/Officeholder/Political Co	mmittee				officeholder living expe	ense
						Fundraiser s	pons	sorship	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office	sought			Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 30/36 Rpt: 34/40	Metcalf, William T. (The Honorable)	00069477
4	Date 02/09/2023	Payee name North Shore Republican Women	
6	Amount (\$) \$40.00	Payee address; City; State; Zip Code PO Box 524 Willis, TX 77378	
8	PURPOSE OF EXPENDITURE	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense embership dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/10/2023	Oh Crumbs	
	Amount (\$) \$70.00	Payee address; City; State; Zip Code 8 Shady Oak Ln	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ts for office visitors
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/13/2023	Oh Crumbs	
	Amount (\$) \$80.00	Payee address;City;State; Zip Code8 Shady Oak Ln	
		Panorama Village, TX 77304	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ts for office visitors
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services 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)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/36 Rpt: 35/40	Metcalf, William T. (The Honorable)	00069477
4	Date 01/10/2023	Payee name Rotary Club of Conroe	
6	Amount (\$) \$249.00	Payee address; City; State; Zip Code PO Box 2348 Conroe, TX 77305	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense embership dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/10/2023	Rotary Club of Conroe	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code PO Box 2348	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense embership dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/16/2023	Rotary Club of Conroe	
	Amount (\$) \$249.00	Payee address; City; State; Zip Code PO Box 2348	
		Conroe, TX 77305	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense embership dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labo	se r	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)	
	Sch: 32/36 Rpt: 36/40		Metcalf, William T. (The Honorable)				00069477	
4	Date	5	Payee name					
	05/16/2023		Rotary Club of Conroe					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$25.00		PO Box 2348					
			Conroe, TX 77305					
8	PURPOSE	(a)	Onternet		(b) Description			
ľ	OF	[^(u)	Category (See Categories listed at the top of this sche Fees	edule)	·		tside of Texas. Complete Schedule T.	
	EXPENDITURE		1003				X, officeholder living expense	
					Campaig	n men	mbership dues	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	01/31/2023		Simmons Bank					
_	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$10.00		1836 Spirit of Texas Way	p 00				
	\$10.00		815 W Davis St					
			Conroe, TX 77301					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Accounting/Banking				tside of Texas. Complete Schedule T. X, officeholder living expense	
					Campaig			
					1 0			
	Complete ONLY if direct	(Candidate/Officeholder name C	Office sou	ght		Office held	
	expenditure to benefit C/OI	Н						
-	Date		Payee name					
	02/06/2023		Simmons Bank					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$10.00		1836 Spirit of Texas Way					
	+20100		815 W Davis St					
			Conroe, TX 77301					
					<i></i>			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		tside of Texas. Complete Schedule T.	
	EXPENDITURE		Accounting/Banking				X, officeholder living expense	
					Campaig			
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	ght		Office held	
	expenditure to benefit C/Oł		······		• -			
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to complete th	tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 33/36 Rpt: 37/40	Metcalf, William T. (The Honorable)	00069477					
4	Date	Payee name	•					
	05/11/2023	Speed Printing						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$348.40	1105 W Dallas St						
		Conroe, TX 77301						
8	PURPOSE		cerintion					
ľ	OF		Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
		Gra	aduation certificates for high school seniors					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/31/2023	Texas Correctional Industries						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$316.09	PO Box 4013						
		Huntsville, TX 77342						
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Des						
	EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
			tfolios for staff gifts					
			, , , , , , , , , , , , , , , , , , ,					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	, and the second s						
-	Date	Payee name						
	05/25/2023	Texas Correctional Industries						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$324.75	PO Box 4013						
		Huntsville, TX 77342						
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Des						
	EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.					
			Check if Austin, TX, officeholder living expense od serving trays for auction items					
			ou serving mays for auction items					
		Condidate/Officeholder.nome						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 34/36 Rpt: 38/40							
4	Date 01/09/2023	5 Payee name Texas Political Solutions, LLC						
6	Amount (\$) \$4,839.50	Payee address; City; State; Zip Code PO BOX 685201 Austin, TX 78768-5201						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Research 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/12/2023	Texas Values Action						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 900 Congress						
		Suite L115 Austin, TX 78701						
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ncheon sponsor					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	02/03/2023	The Luminaire Venue						
	Amount (\$) \$5,000.00	Payee address;City;State;Zip Code495 S Pine Lake Rd						
	Montgomery, TX 77356							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense enue fee for fundraiser					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					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)
	Sch: 35/36 Rpt: 39/40								00069477	
4	Date 04/07/2023		Payee name The Luminaire Venue							
6	Amount (\$) \$1,407.25		7 Payee address; City; State; Zip Code 495 S Pine Lake Rd Montgomery, TX 77356							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign venue fee for fundraiser						gexpense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ght			Office he	eld
	Date		Payee name							
	04/14/2023		US Postal Service							
	Amount (\$) \$126.00		Payee address; City; S 809 W Dallas St	State;	Zip Coo	de				
			Conroe, TX 77301-9998							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Office Overhead/Rental Expense	nis sched	dule)	(b)	Description Check if travel o Check if Austin, Campaign pos	TX, (officeholder living	plete Schedule T. g expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held						eld				
	Date		Payee name							
	02/21/2023		VFW Post 4709							
	Amount (\$) \$1,000.00		Payee address; City; S 1303 W Semands Ave	State;	Zip Coo	de				
	Conroe, TX 77301									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Contributions/Donations Made By Candidate/Officeholder/Political Co		,	(b)	Description Check if travel o Check if Austin, Fundraiser sp	TX, (officeholder living	iplete Schedule T. 9 expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ght			Office he	eld

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				nt/Reimbursement d/Rental Expense e se s/Contract Labor		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:	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 36/36 Rpt: 40/40	Metcalf, William T.	(The Honorable)				00069477		
4	Date	Payee name							
	04/14/2023	Willis AG Booster	Club Inc						
6	Amount (\$) \$300.00	Payee address; PO Box 1735 Willis, TX 77378	City; State	; Zip Code					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Image: Contribution of the schedule of the						expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholde	r name (Office sought			Office he	łd	
	Date	Payee name							
	02/09/2023	Woodforest Bank							
	Amount (\$) \$35.00	PO Box 7889 The Woodlands, T		; Zip Code					
	PURPOSE OF EXPENDITURE	Check if Au				vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Dr campaign debit card			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholde	r name (Office sought			Office he	eld	