FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067893 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Dr. Greg Bonnen Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1183 Date Hand-delivered or Date Postmarked Change of Address Friendswood, TX 77549-1183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kim NAME NICKNAME LAST **SUFFIX** Bonnen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 405 David Street STREET **ADDRESS** (Residence or Business) Friendswood, TX 77546 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 405 David Street MAILING **ADDRESS** Friendswood, TX 77546 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 993-2846 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED **THROUGH** 06/30/2023 01/01/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Friends of Dr. Greg Bon	nen		00067893	
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME		
PURPOSE	PURPOSE Dr. James Bonnen State Representative District 24		District 24	
(Attach lists on plain paper to complete this	Candidate			
report if necessary.)	X Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD	O (officeholder)	
SUPPORT				
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE
			Month	Day Year
OPPOSE (Candidate or Measure)				
X ASSIST	Measure			
(Officeholder)		DESCRIPTION		
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE	PLEDGES,	\$ \$0.00
	ELECTRONICALLY), UN			\$0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS		
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$ \$2,969.23
EXPENDITURE	3. TOTAL UNITEMIZED PO	NUTICAL EXPENDITURES		
TOTALS	3. TOTAL ONTENIZED FO	PETTICAL EXPENDITIONES		\$ \$502.69
	4. TOTAL POLITICAL E	XPENDITURES		\$ \$75,877.58
				\$13,077.50
CONTRIBUTION		TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	
BALANCE	REPORTING PERIOD			\$ \$1,328,014.93
OUTSTANDING	6. TOTAL PRINCIPAL AMO	OUNT OF ALL OUTSTANDING LOANS AS OF T	HE LAST	
LOAN TOTALS	DAY OF THE REPORTIN			\$ \$450,000.00
16 AFFIDAVIT			414 41	
		I swear, or affirm, under penalty of perju and correct and includes all information		
		Title 15, Election Code.		
		Mrs. Kim	n Bonnen	
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car	npaign Treasur	er
		, th, witness my hand and seal of office.	is the	day
ΟΙ	, 20, to certify willo	n, waless my hand and seal of office.		
Signature of officer ad	ministering oath Prir	ted name of officer administering oath	Title of office	er administering oath
5	•	3		y

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

			CC	OVER SHEET	3 of 41
	1MITTE	(Ethics Commission	Filers)		
Friei	nds of	Dr. Greg Bonnen	00067893		
	EDULE		SUBTOTAL AI	MOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,969.23
2	<u> </u>	SCHEDULE 42: NON MONETARY (IN KIND) DOLITICAL CONTRIBUTIONS			
2.	<u> </u>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	75,877.58
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
14.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	8,500.00

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A	1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/41	
2	FILER NAME Friends of D	or. Greg Bonnen		3	Filer ID (Ethics Commission File 00067893	rs)
4	Date 06/26/2023	 Full name of contributor out-of-state PAC (ID#: Brigham, Anne (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$1,9	21.20
L		Austin, TX 78746	1	Ĺ		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions Southern Methodist Uni		sity	
	Date 06/27/2023	Full name of contributor			Amount of Contribution (\$) \$	48.03
	Principal occu	Round Rock, TX 78665 upation / Job title (See Instructions)	Employer (See Instructions	<u>c)</u>		
	Fillicipal occu	rpation / 300 title (See instructions)	Employer (See Instructions	5)		
	Date 06/20/2023	Full name of contributor out-of-state PAC (ID#: Texas Optometric PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,0	00.00
		Austin, TX 78705	1	<u> </u>		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)		

SCHEDULE F1

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

	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: 1/36 Rpt: 5/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	06/27/2023	AGI Renters Condo Ins
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$212.00	6300 Wilson Mills Rd
		Mayfield Village, OH 44143
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	X Check if Austin, TX, officeholder living expense
		Dr. Bonnen's Ausitn Apartment Renters Insurance
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2023	AT&T Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.05	PO Box 204089
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Internet for Dr. Bonnen's Austin Apartment
		internet for Bit Bornion of Austin / partitions
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/29/2023	AT&T Services
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	PO Box 204089
	\$100.00	PO BOX 204009
		A . ('. TV 70700
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Internet Bill for Dr. Bonnen's Austin Apartment
		memer sin or sit somens result for the
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Ĺ	Sch: 2/36 Rpt: 6/41	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	
	06/27/2023	AT&T Services	
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Code PO Box 204089 Austin, TX 78720	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	∵ Check if Austin, TX, officeholder living expense Dr. Bonnen's Austin Apartment Internet	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/12/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$933.16	P.O. Box 81226	
	BUBBOSE	Seattle, WA 98108	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Gifts Campaign Expense for school District for New Teachers Luncheon	N
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/26/2023	Austin Printing & Mailing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,240.00	6906 Guadalupe	
		Austin, TX 78752	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Printing of Senior Certificates	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel in Travel Ou ntract Labor OTHER (

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/36 Rpt: 7/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	06/15/2023	Beaumont Rainbow Room
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 5974 Beaumont, TX 77726
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2023	Beltway 8 Pregnancy Center
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 10851 Scarsdale Blvd. Houston, TX 77089
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to the center
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2023	Canjea Texas Restaurant
	Amount (\$) \$2,341.45	Payee address; City; State; Zip Code 1914 East 6th Street Suite C Austin, TX 78702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Austin Committee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 4/36 Rpt: 8/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	06/28/2023	Casa of Galveston County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	100000 Emmett Lowry exp ste 4000
		Texas City , TX 77591
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Dinner Expense
		oampagn 2 mio. 2 pones
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/04/2023	Cerza, Sydney
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	302 Denson Drive
	•	
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor for Austin Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date 04/07/2023	Payee name Chick Fil A
	Amount (\$) \$56.38	Payee address; City; State; Zip Code 503 West Martin Luther King Jr. Blvd
	φ50.56	503 West Martin Lutrier King Jr. bivu
		Auctin TV 70701
	DUDDOGE	Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Capital Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/36 Rpt: 9/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	05/31/2023	Chick Fil A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.82	503 West Martin Luther King Jr. Blvd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capital Staff
		1 ood for Gapital Glaif
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/17/2023	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.00	P.O. Box 2267
	Ψ31.00	1 .O. BOX 2201
		Austin, TX 78783
	PURPOSE	T
	OF	(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.
	EXPENDITURE	Thice Overhead/Nertal Expense
		Utilities at Dr. Bonnen's Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/24/2023	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.86	P.O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	X Check if Austin, TX, officeholder living expense
		Electric Bill for Dr. Bonnen's Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel Out of Dis OTHER (enter a	strict 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)
	Sch: 6/36 Rpt: 10/41	Friends of Dr. Greg Bonnen		00067893	
4	Date	5 Payee name			
	03/27/2023	City of Austin Utilities			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$56.25	P.O. Box 2267			
		Austin, TX 78783			
8	PURPOSE				
Ü	OF	,	outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	omee overneda/Nerital Expense		officeholder living	
		Electric Bill fo	r Di	r. Bonnen's	Austin Apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	04/25/2023	City of Austin Utilities			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$55.84	P.O. Box 2267			
		Austin, TX 78783			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		outsid	e of Texas. Com	plete Schedule T.
	EXPENDITORE	X Check if Austin,		officeholder living	
		Electricity for	Dr.	Bonnen's A	Austin Apartment
	0 1: 0.11.7.7.1.			0.00	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	ela
	·				
	Date	Payee name			
	05/23/2023	City of Austin Utilities			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$59.65	P.O. Box 2267			
		Austin, TX 78783			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overficad/Nertial Expense			plete Schedule T.
		X Check if Austin,			rustin Apartment
		Licetifity for	٠١.	Dominion 3 F	would report the little
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI			300 110	

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/36 Rpt: 11/41	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		
	06/26/2023	City of Austin Utilities		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$60.07	P.O. Box 2267		
		Austin, TX 78783		
8	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		X Check if Austin, TX, officeholder living expense
				Dr. Bonnen's Austin Apartment Electricity
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	onponditare to benefit ever			
	Date	Payee name		
	04/20/2023	Clayton Spangler Photographic Design		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$399.00	823 Quarrier St		
		Charleston, WV 25301		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Pano Photograph of Leg.
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/30/2023	Clear Creek Education Foundation		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1,037.50	2425 FM 2094		
		Langua Oita TV 77570		
		League City, TX 77573		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				Donation to Education Foundation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	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)
	Sch: 8/36 Rpt: 12/41	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	05/15/2023	Elizabeth Street Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$201.55	1501 S 1st Street	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE		neck if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		neck if Austin, TX, officeholder living expense
		Dinne	er for Capital Committee
_			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	05/30/2023	Elizabeth Street Cafe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$194.35	1501 S 1st Street	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	1 000/Beverage Expense	neck if travel outside of Texas. Complete Schedule T.
			neck if Austin, TX, officeholder living expense I for Capital Committee Dinner
		1.000	To Suprai Committee Silino.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	
	Date	Payee name	
	01/03/2023	Extra Space Dickinson	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.00	217 FM 517	
	Ψ02.00	217 T WI 017	
		Dickinson, TX 77539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	ription neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Nerital Expense	neck if Austin, TX, officeholder living expense
		Stora	age Unit Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

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

	Candidate/Officeholder/Politica 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)
	Sch: 9/36 Rpt: 13/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/03/2023	Extra Space Dickinson
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.00	217 FM 517
		Dickinson, TX 77539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental of Storage Unit
		Tronian or etorage orm
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
_	Date	Davies warms
	03/03/2023	Payee name Extra Space Dickinson
		Extra Space Dickinson
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	217 FM 517
		Dickinson, TX 77539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	- /6	Check if Austin, TX, officeholder living expense Rent for Storage Unit
		Relit for Storage offic
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/03/2023	Extra Space Dickinson
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	217 FM 517
		Dickinson, TX 77539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Rent for Storage Unit
	Operation ONLY if allowed	Our stide to 10 ff as health are nown.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 10/36 Rpt: 14/41	Friends of Dr. Greg Bonnen	00067893		
4	Date	5 Payee name			
	05/03/2023	Extra Space Dickinson			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$52.00	217 FM 517			
		Dickinson, TX 77539			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE		Check if Austin, TX, officeholder living expense		
			Bottled Water for Capital Office		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
"	expenditure to benefit C/O		Office field		
_	Data				
	Date	Payee name			
	01/23/2023	Extra Space			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$403.00	2631 S. Capital Of Texas Hwy			
		Austin, TX 78746			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
		l	X Check if Austin, TX, officeholder living expense Storage Unit in Austin		
			otorage official vacant		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	5			
_	Date	Payee name			
	02/23/2023	Extra Space			
	Amount (\$)	•			
	\$403.00	Payee address; City; State; Zip Code 2631 S. Capital Of Texas Hwy			
	Φ403.00	2031 S. Capital Of Texas Hwy			
		Austin, TX 78746			
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description		
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
			Storage Rental in Austin		
			-		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

(Ethics Commission Filers)
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Complete Schedule T. living expense
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living expense Unit

SCHEDULE F1

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

	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)
	Sch: 12/36 Rpt: 16/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	06/23/2023	Extra Space
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$465.00	2631 S. Capital Of Texas Hwy
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Austin Storage Space rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/06/2023	Favorite Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.06	801 West 6th Street
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capital Staff
		1 ood for Suprial Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
_	Date	Payee name
	04/17/2023	Friendswood Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1100 South Friendswood Drive
	Ψ400.00	1100 South Friendswood Drive
		Friendswood TV 77546
		Friendswood, TX 77546
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Complete Schedule T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
		Candidate/Officeholder name Office sought Office held
		Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		mmittee Legal Services Frinting Expense Frinting Expense 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:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 13/36 Rpt: 17/41		Friends of Dr. Greg Bonnen		00067893	
4	Date	5	Payee name	_		
	04/12/2023		Friendswood ISD Education Foundation			
6	Amount (\$)	7	Payee address; City; State; Zip Code			
	\$1,000.00		302 Laurel			
			Friendswood, TX 77546			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description			
	OF	'		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Committee		officeholder living	
			Donation to E	Edu	cation Foun	dation
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought		Office he	eld
		_				
	Date		Payee name			
	06/15/2023		Friendswood ISD Education Foundation			
	Amount (\$)		Payee address; City; State; Zip Code			
	\$1,000.00		302 Laurel			
			Friendswood, TX 77546			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE		Contributions/Donations Wade By		de of Texas. Com officeholder living	plete Schedule T.
			Candidate/Officeholder/Political Committee Committee 2023-24 Ann			
					pg	
	Complete ONLY if direct		Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	Н	_			
	Date		Payee name			
	04/12/2023		Friendswood Post Office			
	Amount (\$)		Payee address; City; State; Zip Code			
	\$210.00		310 Morning Side Dr.			
			•			
			Friendswood, TX 77546			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description			
	OF	'		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Check if Austin		officeholder living	g expense
			Post Office B	ox	Rental	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought		Office he	eld
	Superiord to benefit 0/01					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 14/36 Rpt: 18/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/27/2023	Fullen, Jimmy (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 697
		Santa Fe, TX 77510
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Rodeo Cook Off Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2023	Gables Park Tower
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,403.21	111 Sandra Muraida Way
	•	
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	X Check if Austin, TX, officeholder living expense
		Representative Bonnen's rent in Austin.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2023	Gables Park Tower
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	111 Sandra Muraida Way
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		Apartment Rent for Dr. Bonnen in Austin Apartment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 15/36 Rpt: 19/41	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	02/02/2023	Gables Park Tower	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$145.34	111 Sandra Muraida Way	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
		l — l —	, TX, officeholder living expense
		Additional Re	ent for Dr. Bonnen's Austin Apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
_	Data		
	Date	Payee name	
	03/02/2023	Gables Park Tower	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,533.99	111 Sandra Muraida Way	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	onice overnead/Nerital Expense	outside of Texas. Complete Schedule T.
		l	, TX, officeholder living expense Bonnen's Austin Apartment
		Reficiol bl. t	onnens Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office field
_	Date	Davies name	
	04/03/2023	Payee name Gables Park Tower	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,507.67	111 Sandra Muraida Way	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autoido ef Touro Conselato Cabadula T
	EXPENDITURE	Onice Overricad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		l — l —	Bonnen's Austin Apartment
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 16/36 Rpt: 20/41	2 FILER NAME Friends of Dr. Greg Bonnen 3 Filer ID (Ethics Commission Filers) 00067893	
4	Date	5 Payee name	_
	05/02/2023	Gables Park Tower	
6	Amount (\$) \$3,524.83	7 Payee address; City; State; Zip Code 111 Sandra Muraida Way Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent for Dr. Bonnen's Austin Apartment	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/02/2023	Gables Park Tower	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,565.49	111 Sandra Muraida Way	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Rent for Dr. Bonnen's Austin Apartment	
		The state of the s	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	06/07/2023	Galveston County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,000.00	1100 S Interstate 45	
		League City, TX 77573	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

	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)
	Sch: 17/36 Rpt: 21/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	06/26/2023	Galveston Regional Chamber of Commerce
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 2228 Mechanic St. Galveston, TX 77550
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Lunch Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	03/07/2023	Galveston Republican Women
	Amount (\$) \$56.00	Payee address; City; State; Zip Code 908 Layfair Place Friendswood , TX 77546
┡	DUDDOCE	
	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 Membership Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Google Apps
	Amount (\$) \$19.19	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 Google Apps for offices
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/36 Rpt: 22/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/02/2023	Google Apps
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Google Apps for Capital Office
		Google Apps for Capital Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	03/02/2023	Google Apps
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Google Apps for Capital Office
		Google Apps for Capital Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/04/2023	Google Apps
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Google Apps for Capital Austin
		Google Apps for Capital Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Friends of Dr. Greg Bonnen Sch: 19/36 Rpt: 23/41 00067893 4 Date Payee name 05/02/2023 Google Apps 6 Amount (\$) Payee address; City; State; Zip Code \$19.19 1600 Amphitheatre Parkway Mountain View, CA 94043 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Apps for Capital Staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2023 Google Apps Amount (\$) Payee address; City; State; Zip Code \$19.19 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Apps for Capital Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2023 Hartin, Brigitt Amount (\$) Payee address: City: State; Zip Code \$1.000.00 5932 Gorham Glen Ln. Austin, TX 78739 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/36 Rpt: 24/41	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	<u>'</u>
	03/31/2023	Hartin, Brigitt	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	5932 Gorham Glen Ln.	
		Austin, TX 78739	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Contract Labor
_	2		200
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_	·		
	Date	Payee name	
	04/13/2023	Hartin, Brigitt	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$399.35	5932 Gorham Glen Ln.	
		Austin, TX 78739	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		<u>L</u>	Check if Austin, TX, officeholder living expense Reimbursement Capital Office office supplies
			termoursement outplair office office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	esssid
	Date	Payee name	
	05/23/2023	Hartin, Brigitt	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,932.85	5932 Gorham Glen Ln.	
	Ψ1,332.03	3332 Gomain Gien En.	
		Austin TV 70720	
		Austin, TX 78739	
	PURPOSE OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense
		R	Reimbursement for Committee Gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/36 Rpt: 25/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	05/31/2023	Hartin, Brigitt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$669.39	5932 Gorham Glen Ln.
		Austin, TX 78739
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for Capital Office Supplies
		Reimbursement for capital cinice supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/05/2023	Hartin, Brigitt
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5932 Gorham Glen Ln.
		Austin, TX 78739
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expenses.
		Contract Labor
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	01/03/2023	Payee name Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.50	10019 S I-35 Frontage Road
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottled water for Capital Office
		Bottled Water for Capital Office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/36 Rpt: 26/41		Friends of Dr. Greg Bonnen		00067893
4	Date	5	Payee name		<u> </u>
	02/03/2023		Hill Country Springs Water		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$20.24		10019 S I-35 Frontage Road		
			Austin, TX 78747		
8	PURPOSE	(a)		(h)	Description
ľ	OF	(4)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Onice Overricaa/Kentai Expense		Check if Austin, TX, officeholder living expense
l					Water for Capital Office
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/Ol	Н			
	Date		Payee name		
	02/03/2023		Hill Country Springs Water		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$28.65		10019 S I-35 Frontage Road		
l			Austin, TX 78747		
┝	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	()	Office Overhead/Rental Expense	'	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		,		Check if Austin, TX, officeholder living expense
l					Bottled Water for Capital Office
L					
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ught	Office held
	experience to benefit Gree				
	Date		Payee name		
	03/02/2023		Hill Country Springs Water		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$30.07		10019 S I-35 Frontage Road		
			Austin, TX 78747		
Г	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE				Check if Austin, TX, officeholder living expense
l					Bottled water for Capital Office
L	Complete CALLY'S	L	Consideration of the constant		0.00
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ught	Office held
l					

SCHEDULE F1

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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T. 1 0 1 1 54	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 23/36 Rpt: 27/41	2 FILER NAME Friends of Dr. Greg Bonnen 3 Filer ID (Ethics Commission Filers 00067893	i)
4	Date 03/06/2023	5 Payee name Hill Country Springs Water	
6	Amount (\$) \$52.65	7 Payee address; City; State; Zip Code 10019 S I -35 Frontage Road Austin, TX 78747	
8	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 Bottled Water for Capital Office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/23/2023	Hill Country Springs Water	
	Amount (\$) \$31.65	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road Austin, TX 78747	
	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 Bottled Water for Capital Office	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/06/2023	Hill Country Springs Water	
	Amount (\$) \$128.05	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road	
		Austin, TX 78747	
	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 Bottled Water for Capital Office	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete t	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 24/36 Rpt: 28/41	Friends of Dr. Greg Bonnen			00067893	
4 Date	5 Payee name		•		
04/12/2023	Hill Country Springs Water				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$58.65	10019 S I -35 Frontage Road				
	Austin, TX 78747				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid	de of Texas. Com	plete Schedule T.
EXPENDITORE			Check if Austin, TX,		
		BC	ottled Water for	r Capitai Off	ice
Complete ONLY if direct	Candidata/Officeholder name Office acu	ı abt		Office be	ald.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ugni		Office he	eiu
Date	Payee name				
05/02/2023	Hill Country Springs Water				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$56.32	10019 S I -35 Frontage Road				
	Austin, TX 78747				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
EXPENDITURE	Office Overhead/Rental Expense	l ⊨	Check if travel outsion Check if Austin, TX,		
		l Bo	ottled Water for		
				•	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	Н				
Date	Payee name				
05/03/2023	Hill Country Springs Water				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$13.65	10019 S I -35 Frontage Road				
	Austin, TX 78747				
PURPOSE		(h) Do	escription		
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Check if travel outsic	de of Texas. Com	plete Schedule T.
EXPENDITURE	omee everneachtenia. Expense		Check if Austin, TX,	officeholder living	j expense
		Вс	ottled Water for	r Capital Of	fice
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office he	eld
experientitie to beliefft C/O	·				

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/36 Rpt: 29/41	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		<u>'</u>
l	05/25/2023	Hill Country Springs Water		
6	Amount (\$)	7 Payee address; City; State; Zip Co.	de	
	\$31.99	10019 S I -35 Frontage Road		
		Austin, TX 78747		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Bottled Water for Capital Office
l				Bottled Water for Capital Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
ľ	expenditure to benefit C/O		giit	Office field
⊨	Date	Payee name		
	06/02/2023	Hill Country Springs Water		
	Amount (\$)	Payee address; City; State; Zip Co.	da	
	\$56.32	10019 S I -35 Frontage Road	ue	
	Ψ30.32	10019 31-331 Tolliage Noad		
l		Austin, TX 78747		
┡	DUDDOOF		(1-)	
l	PURPOSE OF	2 ((a)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
l				Bottled Water for Capital Office
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght	Office held
L	experialitate to benefit C/O	1		
	Date	Payee name		
	04/13/2023	Hitchcock Chamber of Commerce		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$150.00	8125 Highway 6 # A		
l		Hitchcock, TX 77563		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Membership Dues
l				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/36 Rpt: 30/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/13/2023	Hitchcock Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	8125 Highway 6 # A
		Hitchcock, TX 77563
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Boliation for BBQ Cook on
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	D :	
	Date	Payee name
	02/21/2023	League City Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1101 W. Main
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Fee
		Membership ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	05/17/2023	Lin Asian Bar & Dim Sum
	Amount (\$)	Payee address; City; State; Zip Code
	\$369.46	1203 W 6th Street
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capital Committee
		Food for Capital Continues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/36 Rpt: 31/41	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		<u> </u>
l	01/18/2023	Lyda Law Firm LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$250.00	106 E. 6th St.		
l				
l		Austin, TX 78702		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Legal Consulting
l				Legal Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		9	C.II.SC II.SC
⊨	Date	Payee name		
l	05/30/2023	Lyda Law Firm LLC		
⊢	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$75.00	106 E. 6th St.	uo	
l	4.0.00	200 2. 0 0		
l		Austin, TX 78702		
┝	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(2)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Campaign Consulting Fee
L	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sould	gnt	Office held
⊨	5.			
	Date	Payee name		
┡	02/23/2023	Momentum Academy		
l	Amount (\$) \$160.00	Payee address; City; State; Zip Co 18096 Kings Row	ae	
l	\$100.00	10090 Kings Row		
l		Houston TV 77050		
┡		Houston, TX 77058	<i>a</i> >	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
l				Campaign Dinner Expense for Gala
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/36 Rpt: 32/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/09/2023	Montgomery, John
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1009 Arcadia Ave.
		Austin, TX 78757
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	04/07/2023	PF Changs
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.66	201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Capital Committee Dinner
		Capital Committee Diffici
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 01/06/2023	Payee name Picard, Fay
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,341.25	2885 Diamond Bay Dr
		Dickinson, TX 77539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Out of District mileage reimbursement
		Out of District Hilleage Tellibursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/36 Rpt: 33/41	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
l	02/23/2023	Picard, Fay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,200.00	2885 Diamond Bay Dr	
l			
l		Dickinson, TX 77539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Contract Labor
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	<u>'</u>		
l	Date	Payee name	
L	03/13/2023	Picard, Fay	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$1,200.00	2885 Diamond Bay Dr	
l			
l		Dickinson, TX 77539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense Contract Labor
l			Contract Lasor
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/O		
H	Date	Payee name	
l	04/13/2023	Picard, Fay	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$565.89	2885 Diamond Bay Dr	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
l		Dickinson, TX 77539	
⊢	PURPOSE		Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel out of bistrict	Check if Austin, TX, officeholder living expense
l			Travel and Food expenses for 1st Quarter
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft G/Of	,	

SCHEDULE F1

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

	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)
	Sch: 30/36 Rpt: 34/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/06/2023	Picard, Fay
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	2885 Diamond Bay Dr
		Dickinson, TX 77539
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/16/2023	Picard, Fay
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	2885 Diamond Bay Dr
		Dickinson, TX 77539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date 06/29/2023	Payee name Picard, Fay
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,400.00	2885 Diamond Bay Dr
		Dickinson, TX 77539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	avacaditure to benefit C/OI	-
	expenditure to benefit C/O	
	experialitate to beliefit C/Or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/36 Rpt: 35/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/21/2023	SANTA FE CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.00	12408 Texas 6
		SANTA FE, TX 77510
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Lunch expense- Patrons Lunch
		Campaign Euron expense- rations Euron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	04/12/2023	SP Levenger
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$966.17	420 South Congress Avenue
	4000121	120 Goddi Gongrese Avende
		Del Ray Beach, FL 33445
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gifts for Austin Committee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/13/2023	SP Levenger
	Amount (\$)	Payee address; City; State; Zip Code
	\$526.23	420 South Congress Avenue
		Del Ray Beach, FL 33445
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Austin Committee Gifts
		Austin Committee Girls
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/36 Rpt: 36/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/14/2023	Salute To Heroes South Shore Harbour Resot and Conference Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2500 S. Shore Blvd.
		League City, TX 77573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Dinner expense for Gala
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/31/2023	Santa Fe Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	12408 Texas 6
		Santa Fe, TX 77510
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Dinner Expense for Gala
		Campaigh Diffici Expense for Gala
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davisa nama
	04/07/2023	Payee name Santa Fe Soap Factory
	Amount (\$)	Payee address; City; State; Zip Code
	\$788.06	4809 Avenue L
		Conta Fo. TV 77F10
		Santa Fe, TX 77510
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legislative Ladies Luncheon Gift Bags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/36 Rpt: 37/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/30/2023	Santa Fe Texas Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$515.09	13304 Hwy 6
		Santa Fe, TX 77510
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Bollation to Carta 1 o Eddoard 1 o Carta and 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
T	Date	Payee name
	01/31/2023	TDCJ Manufacturing and Logistics
	Amount (\$)	Payee address; City; State; Zip Code
	\$421.10	P.O. Box 4013
		Huntsville, TX 77342
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Expense for Constitutional Chair
		Campaign Expense for Constitutional Chair
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/08/2023	TDCJ Manufacturing and Logistics
	Amount (\$)	Payee address; City; State; Zip Code
	\$842.20	P.O. Box 4013
	Ψ042.20	1.O. Box 4013
		Huntsville, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Constitutional Chairs denoted to Boy Area Christian
		Constitutional Chairs donated to Bay Area Christian Academy and Bryan's Museum
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/36 Rpt: 38/41	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	05/16/2023	TDCJ Manufacturing and Logistics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$428.67	P.O. Box 4013
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Gavels for Committee Gifts
		Gavers for committee onts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	05/11/2023	Tacodeli
H	Amount (\$)	Payee address; City; State; Zip Code
	\$145.44	301 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capital Committee
		Toda for Capital Committee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/17/2023	Tacodeli
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$341.08	301 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Capital Committee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
		· · · · · · · · · · · · · · · · · · ·						
1	Total pages Schedule F1: Sch: 35/36 Rpt: 39/41	2 FILER NAME Friends of Dr. Greg Bonnen 3 Filer ID (Ethics Commission Filers) 00067893						
4		<u> </u>						
4	Date 06/20/2023	5 Payee name Texas Federation of Republican Women						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$409.54	515 Capital of Texas Highway, Suite 133						
	Ψ-00.0-1	or outline of reside riighway, outle 100						
		Austin, TX 78746						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
	LAI LINDITORE	Check if Austin, TX, officeholder living expense						
		Staff attendance of Texas Federation Republican						
		Women Convention						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
Т	Date	Payee name						
	04/04/2023	Texas House Republican Caucus						
		·						
	Amount (\$)							
	\$1,000.00	PO BOX 13305						
		Austin, TX 78711						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Membership Dues						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
H	Date	Payee name						
	03/17/2023	Titaya's Thai Cuisine						
_								
	Amount (\$)	Payee address; City; State; Zip Code						
	\$62.44	5501 N Lamar STE C101						
		Austin, TX 78751						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Food/Beverage Expense						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Austin Committee Meeting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
Ļ		<u> </u>					
1	Total pages Schedule F1:		S)				
	Sch: 36/36 Rpt: 40/41	Friends of Dr. Greg Bonnen 00067893					
4	Date	5 Payee name					
	05/31/2023	Titaya's Thai Cuisine					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$63.67	5501 N Lamar STE C101					
		Austin, TX 78751					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense					
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense					
		Food for Capital Staff					
_	Commission ON 11 V 11 11	Condidate/Officeholder page					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/05/2023	Tyra, Richard					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$591.89	Hwy 2004					
		Santa Fe, TX 77510					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	-	Check if Austin, TX, officeholder living expense					
		Appreciation Dinner					
	Complete ONLY if direct	Candidate/Officeholder page					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
_	Data						
	Date	Payee name Westin Indian Convention Contar Indian at Los Collins					
	06/23/2023	Westin Irving Convention Center Irving at Los Colinas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,411.06	400 West Colinas Blvd					
L		Irving, TX 75039					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
	-	Check if Austin, TX, officeholder living expense Lodging for Texas Federation of Republican Won	non				
		Convention Convention	11611				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

	INTERE			SCHEDULE K			
	The Instruction Guide explains how to complete this form			Total pages Schedule K: Sch: 1/1 Rpt: 41/41			
2	FILER NAME Friends of Dr. Greg Bonnen			3	Filer II	C (Ethics Commission Filers) 7893	
4	Date 06/22/2023	5	Name of person from whom amount is received Galveston County Republican Party Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$) \$8,500.00	
		7	Galveston, TX 77552 Purpose for which amount is received Reimbursement of donation for 2022	oliti	cal cont	ribution returned to filer	