# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00084408		2 Total pages filed: 30
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	James D.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023
	Jim	Wright		SUFFIX	01/11/2020
					1
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	P.O. Box 41964				Receipt # Amount
Change of Address	Houston, TX 77241				Date Processed
					Date i rocessed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER	Mr.	Daniel J.			
NAME					
	NICKNAME	LAST		SUFFIX	
		Fiallos-Diaz			
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	4723 FM 892				
(Residence or Business)	Robstown, TX 78380				
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION		
PHONE	(361) 387-9400				
8 REPORT	<u> </u>				
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
		_		L _	appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year		IDOLIOLI	Month Day	Year
COVERED	01/01/2023	TH	HROUGH	06/30/202	23
44 51 5051011	FI FOTION DATE			EL FOTION TYPE	
10 ELECTION	ELECTION DATE  Month Day Year		rimary	ELECTION TYPE Runoff	Other
	03/03/2026	<u> </u>	IIIIary	Runon	Other
	00/00/2020	□G	Seneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
	Railroad Commissioner			Railroad Commi	ssioner
	•			•	
		GO T	O PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	Wright, James D. (Th	ne Honorable)		<b>14</b> Filer ID 00084408	(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures i	accepted or political expenditu may have been made without a quired to report this information	the candidate's or offi	iceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	Ξ			
	GENERAL	COMMITTEE ADDR	DESC			
	SPECIFIC	COMMITTEE ADDIT	XL33			
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, C	IS OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	3		\$	41,950.92
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	266,255.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
<b>17</b> AFFIDAVIT		tr	swear, or affirm, under penalty rue and correct and includes a Inder Title 15, Election Code.			
			The Hono	rable James D. Wr	ight	
		_	Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
	, 20, to c		ny hand and seal of office.  If officer administering	Title of offic	er administer	ing oath

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

### FORM C/OH **COVER SHEET PG 3**

					3 of 30
	ILER NAI Vright, Ja	ME ames D. (The Honorable)	19 Filer ID 00084408	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1	. 🔲	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2	. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3	. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4	. X	SCHEDULE E: LOANS		\$	0.00
5	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	41,950.92
6	. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7	. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
8	. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9	. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
1	0.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	INS	\$	
1	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

PLEC	DGED CONTRIBU	ΓIONS			SCHEDULE B
TI	he Instruction Guide exp	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/30			
2 FILER NAME Wright, James D. (The Honorable)					Filer ID (Ethics Commission Filers) 00084408
4 TOTAL	OF UNITEMIZED PLEDG	ES			\$ 0.0
<b>5</b> Date	6 Full name of pledgorout-of-state PAC (ID#:			<u>)</u> 8	Amount of pledge (\$)
10 Dringing	occupation / Job title (See Instruc	-#i	Taa = 1 (2 )		Check if travel outside of Texas. Complete Schedul
10 Philicipal	occupation / Job title (See institut	Lions)	11 Employer (See Ins	structi	ions)

L	OANS					SCHEDUI	LE <b>E</b>
Th	e Instructio	on Guide explains h	ow to complete this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/30		
	ER NAME ight, James D	). (The Honorable)			3 Filer ID 00084	(Ethics Commission 408	Filers)
4 TC	TAL OF UN	IITEMIZED LOANS				\$	0.00
<b>5</b> Dat	te of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
fina	ender a ancial titution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
<b>12</b> Prir	ncipal occupatio	on / Job title (See Instruction	ons)	13 Employer (See Instruction	ins)	•	
<b>14</b> Des	scription of Coll	ateral		15 Check if personal funds	were deposite	d into political account (See Instructions)	
	ARANTOR FORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
<b>20</b> Prir	ncipal occupatio	on		21 Employer (See Instruction	ns)	1	

### 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: 1/25 Rpt: 6/30	Wright, James D. (The Honorable)	00084408
4	Date	5 Payee name	-
	01/01/2023	Aristotle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$550.00	P.O. Box 716045	
		Philadelphia, PA 19171-6045	
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 outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
l		CC	ompliance software
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
l	Date	Payee name	
L	02/01/2023	Aristotle	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$550.00	P.O. Box 716045	
l			
		Philadelphia, PA 19171-6045	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
l	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			pmpliance software
			•
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
l	03/01/2023	Aristotle	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$550.00	P.O. Box 716045	
l			
l		Philadelphia, PA 19171-6045	
⊢	PURPOSE		escription
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		СС	ompliance software
L			
	Complete ONLY if direct expenditure to benefit C/Ol	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 comp	lete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 2/25 Rpt: 7/30	Wright, James D. (The Honorable)	00084408
4	Date	5 Payee name	
	04/01/2023	Aristotle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$550.00	P.O. Box 716045	
		Philadelphia, PA 19171-6045	
8	PURPOSE		Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			compliance software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/Ol		. Office field
⊨	Date	Davida nama	
	05/01/2023	Payee name Aristotle	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$550.00	P.O. Box 716045	
l	4000.00	1.0.200.1200.10	
l		Philadelphia, PA 19171-6045	
⊢	PURPOSE	<u> </u>	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			compliance software
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	. Office field
⊨	Date	Dayaa nama	
	06/01/2023	Payee name Aristotle	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$550.00	P.O. Box 716045	
l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Philadelphia, PA 19171-6045	
Г	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 compliance software
			compliance software
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	3	

### 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

The Instruction Guide explains how to com	plete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission I
Wright, James D. (The Honorable)		00084408
5 Payee name		
Austin Club		
7 Payee address; City; State; Zip Cod	e	
110 E 9th St		
Austin, TX 78701-2426		
(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> Description	
Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T.
		TX, officeholder living expense
	meals & dues	
Condidate/Officeholder name Office agus	h+	Office hold
	nı	Office held
	e	
110 E 9th St		
Austin, TX 78701-2426		
(a) Category (See Categories listed at the top of this schedule)	`	
Food/Beverage Expense	ш	outside of Texas. Complete Schedule T. TX, officeholder living expense
Candidate/Officeholder name Office soug	ht	Office held
Н		
Payee name		
Austin Land & Cattle		
Payee address; City; State; Zip Cod	e	
1205 N Lamar Blvd		
Austin, TX 78703		
	(h) Description	
Food/Beverage Expense		outside of Texas. Complete Schedule T.
1 oda/Boverago Expense	Check if Austin	TX, officeholder living expense
	meal at meet	ing
	meal at meet	
Candidate/Officeholder name Office soug		Office held
Candidate/Officeholder name Office soug		
9		
	2 FILER NAME Wright, James D. (The Honorable)  5 Payee name Austin Club  7 Payee address; City; State; Zip Codd 110 E 9th St  Austin, TX 78701-2426  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Austin Club  Payee name Austin Club  Payee address; City; State; Zip Codd 110 E 9th St  Austin, TX 78701-2426  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name  Office soughthat  Payee name Austin Land & Cattle  Payee address; City; State; Zip Codd 1205 N Lamar Blvd  Austin, TX 78703	2 FILER NAME   Wright, James D. (The Honorable)

#### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T. 1 0 1 1 54	<u>_</u>
1	Total pages Schedule F1: Sch: 4/25 Rpt: 9/30	2 FILER NAME Wright, James D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084408
4	Date	5 Payee name
Ī	02/09/2023	Barton Brisk Corner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.25	1525 Barton Springs
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		gas
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	02/23/2023	Barton Brisk Corner
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.69	1525 Barton Springs
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/61	•
	Date	Payee name
	01/11/2023	Barton Brisk Corner
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.33	1525 Barton Springs
	7.0.00	
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gas
	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 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 complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/25 Rpt: 10/30	Wright, James D. (The Honorable)	00084408
4	Date	5 Payee name	
	06/05/2023	Bay Area Aviation	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$331.91	15111 Lakeview Dr	
		Beach City, TX 77523-9357	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		fuel	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Gree		
	Date	Payee name	
	06/05/2023	Baytown Airport	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	5600 Barkaloo Rd	
		Baytown, TX 77521-6100	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	Travel In District	if travel outside of Texas. Complete Schedule T.
			if Austin, TX, officeholder living expense ht aircraft parking
		Overingi	in aircraft parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		o moo non
	Date	Davies name	
	01/29/2023	Payee name Buc-ees	
	Amount (\$) \$66.43	Payee address; City; State; Zip Code 10484 US-59	
	φ00.43	10464 03-39	
		Miles the text TV 77400	
		Wharton, TX 77488	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description (Chapter 1) Category (See Categories listed at the top of this schedule)	ON if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	if traver outside of Texas. Complete Scriedule 1.  if Austin, TX, officeholder living expense
		gas	• •
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	+	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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: 6/25 Rpt: 11/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	01/28/2023	Catfish Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.42	4705 E Ben White Blvd
		Austin, TX 78741
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
		meal at meeting
		in the second se
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2023	Cipollina
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.89	1213 W Lynn St
		Austin, TX 78703
	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
		meal at meeting
		in the second se
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/28/2023	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.90	8101 Mesa Dr
	Ψ02.30	olol Mosa Bi
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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

	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: 7/25 Rpt: 12/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
L	06/30/2023	Environmental Evolution Transportation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,174.09	PO Box 709
		Robstown, TX 78380-0709
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense air transportation
		an transportation
9	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/22/2023	Fast Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.03	1001 N Hwy 359
		Mathis, TX 78368
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		gas
	Operation ONLY if dispose	Open Fields (Office health and an annual an annual and an annual an annual and an annual an annual and an annual an annual and an annual an annual and an annual an annu
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	01/05/2023	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.54	14455 N Hayden Rd Suite 100
		Scottsdale, AZ 85260-6993
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		website
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	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: 8/25 Rpt: 13/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	06/30/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.48	701 S Capital of Texas Hwy
		West Lake Hills, 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  Supplies
		Supplies
9	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/11/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$131.62	701 S Capital of Texas Hwy
		West Lake Hills, 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.
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/28/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.79	701 S Capital of Texas Hwy
		West Lake Hills, 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.
		Check if Austin, TX, officeholder living expense
1		supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/F Credit Card Payment	Diltical 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: 9/25 Rpt: 14/3	Wright, James D. (The Honorable) 00084408
4 Date	5 Payee name
01/12/2023	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$84.	701 S Capital of Texas Hwy
	West Lake Hills, 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 supplies
	Supplies
O Complete ONLY S. P.	t Condidate/Officeholder name Office seriality
9 Complete <u>ONLY</u> if dire expenditure to benefit	
Date	Payee name
06/15/2023	Jason's Deli
Amount (\$)	Payee address; City; State; Zip Code
\$131.	46 1000 E 41st St
	Austin, TX 78751-4810
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 a meeting
Complete ONLY if dire	Lot Candidate/Officeholder name Office sought Office held
expenditure to benefit	
Data	Davis name
Date 01/01/2023	Payee name Krejci, Aaron
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.	
	Unit A
	Austin, TX 78724-3229
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
	campaign work
Occupate Other Communication	Office and the Committee of the Committe
Complete ONLY if dire expenditure to benefit	
,	

#### 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	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: 10/25 Rpt: 15/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	02/01/2023	Krejci, Aaron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
		Unit A
		Austin, TX 78724-3229
8	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
		campaign work
		oampaign nom
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/01/2023	Krejci, Aaron
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
		Unit A
		Austin, TX 78724-3229
	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  campaign work
		Campaign Work
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	04/01/2023	Krejci, Aaron
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
		Unit A
		Austin, TX 78724-3229
	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  campaign work
		Campaign work
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
T		
ı		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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: 11/25 Rpt: 16/30	Wright, James D. (The Honorable)    3 Filer ID (Eurics Commission Files)   00084408	,
4	Date	5 Payee name	
	05/01/2023	Krejci, Aaron	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	5207 Purple Sage Dr	
		Unit A	
		Austin, TX 78724-3229	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		campaign work	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/01/2023	Krejci, Aaron	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	5207 Purple Sage Dr	
		Unit A	
		Austin, TX 78724-3229	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		campaign work	
		Sampaigh Work	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
L	02/07/2023	Maudie's Cafe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.32	2608 W 7th St	
		Austin, TX 78703	
	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	
		meal at meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

### SCHEDULE F1

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

	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: 12/25 Rpt: 17/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	01/01/2023	Moore, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735-1652
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  campaign work
		Campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/01/2023	Moore, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735-1652
	PURPOSE	
	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
		campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	03/01/2023	Moore, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735-1652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign work
	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 Fees

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

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: 13/25 Rpt: 18/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	04/01/2023	Moore, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735-1652
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  campaign work
		campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/01/2023	Moore, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735-1652
	PURPOSE	
	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
		campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/01/2023	Moore, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735-1652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign work
	0 1 0 0 0 0 0	
	Complete <u>ONLY</u> 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: 14/25 Rpt: 19/30	Wright, James D. (The Honorable) 00084408	
4	Date	5 Payee name	
	04/11/2023	Office Depot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$233.79	5425 S Padre Island Dr	
		Ste 151	
		Corpus Christi, TX 78411	
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  Supplies	
		Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
3	expenditure to benefit C/OI		
T	Date	Payee name	
	03/02/2023	Omni	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$822.42	8212 Barton Club Dr	
		Austin, TX 78735-1406	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense hotel rooms for event	
		Hoter rooms for event	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	01/10/2023	P Terrys	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.00	515 Congress Ave.	
	Φ21.00	313 Congress Ave.	
		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	
		meal at meeting	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
1			

### 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/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: 15/25 Rpt: 20/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	03/01/2023	Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	201 W 6th St
		Austin, TX 78701-3401
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/19/2023	Ready Refresh By Nestle
_	Amount (\$)	Payee address; City; State; Zip Code
	\$48.96	PO Box 856192
	Ψ+0.50	FO BOX 630192
		Louisville, KY 40285-6192
	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  Water service
		Water Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davida nama
	01/10/2023	Payee name Rudy's
	Amount (\$)	Payee address; City; State; Zip Code  2451 S. Capital of Texas Hwy
	\$115.90	2451 S. Capital of Texas riwy
		Austin, TX 78746
	DUDDOCE	
	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
		meal at meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .

#### SCHEDULE F1

Advertising Expense Event Expe Accounting/Banking Fees Consulting Expense Food/Bever Contributions/ Donations Made By - Gift/Awards

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

listed above)
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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 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: 17/25 Rpt: 22/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	03/03/2023	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.23	PO Box 60074
		City Of Industry, CA 91716-0074
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Internet Service
_	0 1: 01:14 7 7 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/29/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.03	PO Box 60074
		City Of Industry, CA 91716-0074
	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 Internet Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/10/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.23	PO Box 60074
	Ψ110.23	1 0 800 00074
		City Of Industry, CA 91716-0074
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Internet Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
_		

### 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: 18/25 Rpt: 23/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	04/13/2023	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$399.62	PO Box 60074
		City Of Industry, CA 91716-0074
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Internet Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/03/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.23	PO Box 60074
		City Of Industry, CA 91716-0074
	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 Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/01/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.23	PO Box 60074
		City Of Industry, CA 91716-0074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Internet Service
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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: 19/25 Rpt: 24/30	Wright, James D. (The Honorable) 00084408	
4	Date	5 Payee name	
	06/05/2023	Spectrum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$390.67	PO Box 60074	
		City Of Industry, CA 91716-0074	
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  Internet Service	
		internet Service	
_	0 1: 0 11 1 1		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		
	Date	Payee name	
	04/20/2023	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.65	501 W 15th St	
		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  coffee	
		Conce	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	01/06/2023	Stripes	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.53	104 S Reynolds	
		Orange Grove, TX 78372	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense	
		gas	
	0 1. 0		
	Complete <u>ONLY</u> 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 -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense 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: 20/25 Rpt: 25/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	01/20/2023	Stripes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.58	1800 N Hwy 37 Access
		George West, TX 78022
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gas
		, and the second
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1 °
	Date	Payee name
	01/01/2023	Tankersley, Kate
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	14810 Bramblewood Drive
		Houston, TX 77079-6304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		fundraising/compliance/strategy
		, , , , , , , , , , , , , , , , , , ,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	02/01/2023	Tankersley, Kate
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	14810 Bramblewood Drive
		Houston, TX 77079-6304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fundraising/compliance/strategy
		iunuraising/compilance/strategy
	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/ Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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: 21/25 Rpt: 26/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	03/01/2023	Tankersley, Kate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	14810 Bramblewood Drive
		Houston, TX 77079-6304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fundraising/compliance/strategy
		iunuruising/compilance/strategy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/01/2023	Tankersley, Kate
_	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	14810 Bramblewood Drive
	ψο,ουσ.υσ	14010 Bramblewood Brive
		Houston, TX 77079-6304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		fundraising/compliance/strategy
		idital distrigio on phanocost atogy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	05/01/2023	Tankersley, Kate
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	14810 Bramblewood Drive
	Φ0,000.00	14010 Bramblewood Brive
		Houston, TX 77079-6304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fundraising/compliance/strategy
		iunuraising/compilance/strategy
-	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
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 r dyment	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: 22/25 Rpt: 27/30	Wright, James D. (The Honorable)				00084408		
4	Date	5 Payee name		•				
	06/01/2023	Tankersley, Kate						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					_
	\$3,500.00	14810 Bramblewood Drive						
		Houston, TX 77079-6304						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				_
	OF EXPENDITURE	Consulting Expense		Check if travel outs				
				Check if Austin, TX fundraising/com				
				idildiaisiig/coii	ıιμ	mance/strat	cgy	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	-id	
	expenditure to benefit C/OI		giit			Office fic	Jiu	
_	Date	Payee name						_
	06/05/2023	Thomas Airport						
_	Amount (\$)	Payee address; City; State; Zip Co	ndo.					
	\$119.00	14033 TX-188	ue					
	Ψ113.00	14000 17-100						
		Sinton, TX 78387						
	DUDDOOF		4-1					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outs	hiz	e of Texas, Com	nlete Schedule T	
	EXPENDITURE	Travel In District		Check if Austin, TX				
				fuel				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1						
	Date	Payee name						
	06/28/2023	US Postal Service						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$15.21	802 N Tancahua St						
		Corpus Christi, TX 78401						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outs				
	LAI LINDITORE			Check if Austin, TX	Χ, (	officeholder living	expense	
				postage				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ah+			Office he	nld	
	Complete ONLY if direct expenditure to benefit C/OI		ıyııı			Office he	tiu	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense 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

	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: 23/25 Rpt: 28/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	03/29/2023	UT Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.00	210 E Martin Luther King Jr Blvd
		Austin, TX 78712-1726
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		parking
		parang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	05/18/2023	UT Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	210 E Martin Luther King Jr Blvd
		Austin, TX 78712-1726
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		parking
		parang
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	06/16/2023	University Of Texas Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.78	2108 Robert Dedman Dr
		Austin, TX 78712-1506
	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
		club membership
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

### 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: 24/25 Rpt: 29/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	04/01/2023	University Of Texas Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$473.51	2108 Robert Dedman Dr
		Austin, TX 78712-1506
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
		membership, food/bev
		membership, rodarbev
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	04/19/2023	University Of Texas Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.48	2108 Robert Dedman Dr
		Austin, TX 78712-1506
	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 membership, food/bev
		membership, tood/bev
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/13/2023	University Of Texas Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.78	2108 Robert Dedman Dr
		Austin, TX 78712-1506
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		membership, food/bev
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> 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: 25/25 Rpt: 30/30	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	02/15/2023	Vaqueros Caf
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.87	1801 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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		meal at meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	04/17/2023	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.78	3700 Bee Caves Rd
		West Lake Hills, 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.  Check if Austin, TX, officeholder living expense
		Supplies
		Саррия
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	04/24/2023	Wow Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.43	3267 Bee Caves Rd
		Austin, TX 78746
	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 meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	