CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Commis 00084128 | | 2 Total pages filed: 25 | | | |
|-------------------------------|-----------------------------|-----------------|--|-----------------------------------|----------------------------|--------------------|--|--|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE USE ONLY | | | |
| OFFICEHOLDER | The Honorable | Glenn M. | | | | | | |
| NAME | | 0.0 | | | Date Received | | | |
| | | | | | ELECTRONIC | ALLY FILED | | |
| | NICKNAME | LAST | | SUFFIX | 07/17/2023 | | | |
| | | Rogers | | | | | | |
| | | | | 710 0005 | Date Hand-delivered of | ar Data Destmarked | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT | /SUITE #; CI | IY; | ZIP CODE | Date Hand-delivered (| or Date Postmarked | | |
| MAILING | 1832 Grassy Ridge Rd | | | | Receipt # | Amount | | |
| ADDRESS | | | | | Receipt # | Amount | | |
| Change of Address | Graford, TX 76449 | | | | Date Processed | | | |
| | | | | | Date Processed | | | |
| | | | | | Date Imaged | | | |
| | | | | | Date mageu | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | | | |
| TREASURER | Mr. | Allen D. | | IVII | | | | |
| NAME | IVII. | Allen D. | | | | | | |
| | | | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | | | |
| | Don | Crawford II | | | | | | |
| | | | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | APT | / SUITE #; CITY; | ST | ATE; ZIP CODE | | |
| TREASURER ADDRESS | 16 Cliff Dr. | | | | | | | |
| ADDRE35 | | | | | | | | |
| (Residence or Business) | Mineral Wells, TX 76067 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | IE NUMBER | EXTENSION | | | | | |
| TREASURER | (940) 452-2142 | | | | | | | |
| PHONE | | | | | | | | |
| 8 REPORT | | | | | | | | |
| TYPE | January 15 | 30th day befor | e election | Runoff | 15th day after ca | mpaign treasurer | | |
| | | | | | appointment (off | iceholder only) | | |
| | X July 15 | 8th day before | election | Exceeded modified reporting limit | Final Report (Att | ach C/OH-FR) | | |
| | | | | | | | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | | | |
| COVERED | 01/01/2023 | TI | HROUGH | 06/30/2023 | 3 | | | |
| | | | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | | |
| | Month Day Year | XF | Primary | Runoff | Other | | | |
| | 03/05/2024 | | General | Special | — | | | |
| | | | Seneral | | | | | |
| | | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | riat CO | | 12 OFFICE SOUGHT | | | | |
| | State Representative Dist | rict 60 | | State Representa | ative District 60 | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | | | | | | | |
| | | GO ⁻ | TO PAGE 2 | | | | | |
| <u> </u> | | | | | | | | |
| Forms provided by Te | exas Ethics Commission | www.e | thics.state.tx.u | 5 | Versi | on V3.5.1.a18ea2ca | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 25

| 13 C / OH NAME | 14 Filer ID (I 00084128 | Ethics Commission Filers) | | |
|--|-----------------------------------|--|---------------------------|-------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this information | the candidate's or office | holder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | N PLEDGES, LOANS, CTRONICALLY) | \$ 0.00 | | |
| | 5) | \$ 29,300.00 | | |
| EXPENDITURE TOTALS | | \$ 1,950.42 | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 54,820.31 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 50,573.48 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 79,100.00 |
| 17 AFFIDAVIT | • | | | • |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | |
| | | The Hono | rable Glenn M. Roger | rs |
| | | Signature of | Candidate or Officehold | der |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | |
| Sworn to and subso | ribed before me, by the sa | aid | , this the | day |
| | | rtify which, witness my hand and seal of office. | | |
| | | | | |
| Signature of offic | er administering | Printed name of officer administering | Title of officer | administering oath |
| Forms provided by Te | xas Ethics Commission | www.ethics.state.tx.us | | /ersion V3.5.1.a18ea2ca |

| SUBTOTALS - C/OH | FORM C/OH COVER SHEET PG 3 3 of 25 | | | | | | |
|--|---|----------------------------|--|--|--|--|--|
| 18 FILER NAME Rogers, Glenn M. (The Honorable) | 19 Filer ID 00084128 | (Ethics Commission Filers) | | | | | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | | | | | |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 29,300.00 | | | | | | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | | | | | | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | | | | |
| 4. SCHEDULE E: LOANS | | \$ | | | | | |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU | TIONS | \$ 54,820.31 | | | | | |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | | | | |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRI | \$ | | | | | | |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | | | | | | |
| 9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | | | | |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSIN | ESS OF C/OH | \$ | | | | | |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRI | BUTIONS | \$ | | | | | |
| 12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER | ONS RETURNED | \$ 568.75 | | | | | |
| | | | | | | | |

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/25 |
|----------------------|--|---------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | nn M. (The Honorable) | | 00084128 |
| 4 Date 06/27/2023 | 5 Full name of contributor out-of-state PAC (ID#: A PAC of the Independent Bankers Association 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$500.0 |
| 2. Dringing age | Austin, TX 78701 | La Englisher (Cool Instructions | \ |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions) |) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/27/2023 | Anderson, David (Mr.) | | \$500.0 |
| | Contributor address; City; State; Zip Code | | |
| 1 | Austin, TX 78731 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) |
| Date | Full name of contributor out-of-state PAC (ID#: |) [| Amount of Contribution (\$) |
| 06/27/2023 | Autry Public Affairs LLC | | \$500.0 |
| | Contributor address; City; State; Zip Code Austin, TX 78739 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) |) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/27/2023 | BPA Political Action Committee | | \$300.0 |
| | Contributor address; City; State; Zip Code | | |
| | Austin, TX 78701 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) |) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/27/2023 | Bentley Public Affairs | | \$250.0 |
| | Contributor address; City; State; Zip Code | | |
| | Austin, TX 78701 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) |
| | | | |

| | The Instru | ction Guide explains how to | m. | 1 | Total pages Schedule A1: Sch: 2/5 Rpt: 5/25 | | |
|---|-------------------------|---------------------------------------|--|----------------------------|--|-----------------------------|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| [| | nn M. (The Honorable) | | | ľ | 00084128 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/27/2023 | Blackridge | | | | | \$2,000.00 |
| | | 6 Contributor address; City; State; | Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | | | | | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/27/2023 | Brentwood Public Affairs | | | | | \$1,000.00 |
| | | Contributor address; City; State; | | | | | |
| | | ; - ;; - ;;; | | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>ا</u> چ) | | |
| | | | | | | | |
| ⊨ | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/27/2023 | Congress Avenue Partners L | ······································ | | | \$500.00 | |
| | • • • • • • • • • • • • | Contributor address; City; State; | | | | | |
| | | Contributor address, City, State, | | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 1 5) | | |
| | | | | | | | |
| ╞ | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/27/2023 | Ford, Curtis (Mr.) | | / | | , and an e contribution (+) | \$1,500.00 |
| | 00/21/2020 | Contributor address; City; State; | Zin Codo | | | | \$1,000.00 |
| | | Contributor address, City, State, | Zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78746 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | President | | | National Media Corpora | | ı | |
| ⊨ | | Full name of contributor | | , | <u> </u> | | |
| | Date 06/30/2023 | Gilchrist, Charles (Mr.) | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5,000.00 |
| | 00/30/2023 | | | | | | \$5,000.00 |
| | | Contributor address; City; State; | | | | | |
| | | | | | | | |
| | | Weatherford TX 76097 | | | | | |
| ⊢ | Dringing and | Weatherford, TX 76087 | I | Employer (See Instructions | | | |
| | Automobile [| pation / Job title (See Instructions) | | | | | |
| ⊢ | | | | Charlie Gilchrist's South | we | ระ ทั่งเน | |
| | | | | | | | |

| | The Instru | ction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/25 | |
|---|----------------|---|------------------------------|--|------------|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission | on Filers) |
| | | nn M. (The Honorable) | | 00084128 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (IE | D#:) | 7 Amount of Contribution (\$) | |
| | 06/27/2023 | Howard, Jay (Mr.) | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Austin, TX 78701 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | |
| | | | | | |
| | Date | Full name of contributor 🛛 out-of-state PAC (IE | D#:) | Amount of Contribution (\$) | |
| | 06/27/2023 | Humphreys, David (Mr.) | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Joplin, MO 64803 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 6) | |
| | Chairman/Cl | EO | cts LLC | | |
| | Date | Full name of contributor 🛛 out-of-state PAC (IE | Amount of Contribution (\$) | | |
| | 06/27/2023 | Keffer Konsulting LLC | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Eastland, TX 76448 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| | | | | | |
| | Date | Full name of contributor 🛛 out-of-state PAC (IE | D#:) | Amount of Contribution (\$) | |
| | 06/27/2023 | Kuhlmann, Kate (Ms.) | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Austin, TX 78731 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| | | | | | |
| | Date | Full name of contributor 🛛 out-of-state PAC (IE | D#:) | Amount of Contribution (\$) | |
| | 06/30/2023 | Lattimore, James (Mr.) | | | \$2,000.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Graford, TX 76449 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| | Retired | | Retired | | |
| | | | 1 | | |
| 1 | | | | | |

| _ | | | | | | |
|---|----------------|--|------------------------------|----------|--|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/5 Rpt: 7/25 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| - | | nn M. (The Honorable) | | | 00084128 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/27/2023 | Long, Wade (Mr.) | | | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78703 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/27/2023 | Moak Casey Political Action Committee | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78746 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | | | p - y - (| , | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/27/2023 | Second Floor Strategies LLC | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | L;) | | |
| | · | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/27/2023 | Sledgelaw Group PLLC | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/27/2023 | Texans for Lawsuit Reform Political Action Com | mittee | | | \$2,500.00 |
| | 00,2.,2020 | Contributor address; City; State; Zip Code | | | | +_,000.00 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | i mcipai occu | | | " | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| ction Guide explains how to complete this f | 1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/25 | | |
|--|---|---|--|
| | | 3 Filer ID (Ethics Commissio | on Filers) |
| | | 00084128 | |
| 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| | | | \$500.00 |
| 6 Contributor address: City: State: Zip Code | | | |
| Austin, TX 78701 | | | |
| upation / Job title (See Instructions) | 9 Employer (See Instructions) | | |
| Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| Veterinarian Political Action Committee | | | \$5,000.00 |
| | | | |
| | | | |
| | | | |
| upation / Job title (See Instructions) | Employer (See Instructions) | | |
| Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| — | | | \$250.00 |
| Contributor address; City; State; Zip Code | | | |
| Austin, TX 78746 | | | |
| upation / Job title (See Instructions) | Employer (See Instructions) | | |
| Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| — | ction Committee | | ** *** ** |
| | | | \$1,000.00 |
| Contributor address; City; State; Zip Code | | | \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | | \$1,000.00 |
| | Employer (See Instructions) | 1 | \$1,000.00 |
| | enn M. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#: Texas Medical Association Political Action Comm 6 Contributor address; City; State; Zip Code Austin, TX 78701 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Veterinarian Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78754 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Veterinarian Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78754 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Veterinarian Contributor out-of-state PAC (ID#:) Full name of contributor out-of-state PAC (ID#:) Full name of contributor out-of-state PAC (ID#:) Full name of contributor | enn M. (The Honorable) 5 Full name of contributor | Sch: 575 Rpt: 8/25 ann M. (The Honorable) 3 Filer ID (Ethics Commission 00084128) 5 Full name of contributor |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|------------------------------|--------------------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | ILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 1/15 Rpt: 9/25 | Rogers, Glenn M. (The Honorable)00084128 | | | | | | | |
| 4 | Date 01/02/2023 | ayee name 882 Partners LP | | | | | | | |
| 6 | Amount (\$) \$500.00 | ayee address; City; 16 S FM 1187 Iedo, TX 76008 | State; Zip Co | de | | | | | |
| 8 | PURPOSE OF EXPENDITURE | ELES | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sou | ght | Office held | | | | |
| | Date | ayee name | | | | | | | |
| | 06/06/2023 | 882 Partners LP | | | | | | | |
| | Amount (\$) \$2,500.00 | ayee address; City; 16 S FM 1187 | State; Zip Co | de | | | | | |
| | | ledo, TX 76008 | | | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed - ees | at the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense Ct Office | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sou | ght | Office held | | | | |
| | Date | ayee name | | | | | | | |
| | 01/31/2023 | llison, Dickie (Mr.) | | | | | | | |
| | Amount (\$) \$3,500.00 | ayee address; City; 801 Lavaca Street te. 10K ustin, TX 78701 | State; Zip Co | de | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed - ees | at the top of this schedule) | X Check if Austin, | outside of Texas. Complete Schedule T. TX, officeholder living expense cal apartment maintained in Austin | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sou | ght | Office held | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|----------|--|------------|-----------|---|-------|---------------------|----------------------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 2/15 Rpt: 10/25 | | Rogers, Glenn M. (The Honorable) | | | | | 00084128 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 02/28/2023 | | Allison, Dickie (Mr.) | | | | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$3,500.00 | | 1801 Lavaca Street | | | | | | | | |
| | | | Ste. 10K | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| 8 | PURPOSE | (a) | <u>Ostana an</u> | | (h) | Description | | | | | |
| ľ | OF | (" | Category (See Categories listed at the top of this so Fees | chedule) | (, | | outsi | de of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | Fee3 | | | Check if Austin | | | | | |
| | | | | | | Rent for politi | ical | apartment i | maintained in Austin | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office sou | ight | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | |
| | 03/30/2023 | | Allison, Dickie (Mr.) | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | e; Zip Co | ode | | | | | | |
| | \$3,500.00 | | 1801 Lavaca Street | | | | | | | | |
| | +0,000.00 | | Ste. 10K | | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this so | chedule) | (b) | Description | | | | | |
| | EXPENDITURE | | Fees | | | Check if travel | | | plete Schedule T. | | |
| | | | | | | | | | maintained in Austin | | |
| | | | | | | Trent for point | loui | apartment | numumeu in Austin | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | l Iaht | | | Office he | h | | |
| | expenditure to benefit C/Oł | | | 0 | .g | | | 0110011 | | | |
| | Data | — | | | | | | | | | |
| | Date 04/28/2023 | | Payee name Allison, Dickie (Mr.) | | | | | | | | |
| | | | | | | | | | | | |
| | Amount (\$) | | | e; Zip Co | ode | | | | | | |
| | \$3,500.00 | | 1801 Lavaca Street | | | | | | | | |
| | | | Ste. 10K | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this so | chedule) | (b) | Description | | | | | |
| | OF | ľ | Fees | incudic) | | • | outsi | de of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | | | | X Check if Austin | , TX, | officeholder living |) expense | | |
| | | | | | | Rent for politi | ical | apartment I | maintained in Austin | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | ight | | | Office he | eld | | |
| | expenditure to benefit C/OI | H | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|---|--|---------------------|--------------------------|---|------|-----------------|------|--|------|------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | = | | | | | 3 | Filer ID | (Eth | ics Commission Filers) |
| - | Sch: 3/15 Rpt: 11/25 | [| | enn M. (The | Honorable) | | | | ľ | 00084128 | (| |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| - | 05/31/2023 | ľ | Allison, Dic | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | | Stato | · 7in Co | do | | | | | |
| 0 | \$3,500.00 | ľ | Payee address; City; State; Zip Code 1801 Lavaca Street | | | | | | | | | |
| | 45,500.00 | | Ste. 10K | | | | | | | | | |
| | | | | 70701 | | | | | | | | |
| | | | Austin, TX | | | | | | | | | |
| 8 | PURPOSE OF | (a) | | ee Categories liste | d at the top of this sch | nedule) | (b) | Description | | | | a ka alula T |
| | EXPENDITURE | | Fees | | | | | | | de of Texas. Cor officeholder livir | | |
| | | | | | | | | | ical | apartment | main | tained in Austin |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nam | e (| Office sou | ight | | | Office h | neld | |
| | Date | | Payee name | | | | | | | | | |
| | 06/29/2023 | | Allison, Dic | kie (Mr.) | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | | |
| | \$3,500.00 | | 1801 Lavad | ca Street | | | | | | | | |
| | | | Ste. 10K | | | | | | | | | |
| | | | Austin, TX | 78701 | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories liste | d at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Fees | ee ealogenee note | | .000.0) | | Check if travel | | de of Texas. Cor | | |
| | EXPENDITORE | | | | | | | | | officeholder livir | | |
| | | | | | | | | Rent for politi | ical | apartment | main | tained in Austin |
| | | | Davadialata (Off | | | | | | | Office k | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Januluale/OII | iceholder nam | e (| Office sou | ignt | | | Office h | ieia | |
| | Data | <u> </u> | | | | | | | | | | |
| | Date 04/04/2023 | | Payee name American A | | | | | | | | | |
| | | | | | 01-1- | 7:- 0- | | | | | | |
| | Amount (\$) | | Payee addre | | State | ; Zip Co | ae | | | | | |
| | \$230.00 | | PO Box 61 | 9010 | | | | | | | | |
| | | | DFW Airpo | rt, TX 75261 | | | | | | | | |
| | PURPOSE | (a) | | | d at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Travel In D | istrict | | | | | | de of Texas. Cor officeholder livir | | |
| | | | | | | | | Airfare to dist | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nam | e (| Office sou | lght | | | Office h | neld | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | EXPENDITURE CATE | GORIES FO | R B | OX 8(a) | | | | | |
|---|---|-----|--|--------------|---|--|-------|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | ent/Reimbursement Id/Rental Expense e se s/Contract Labor | ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 4/15 Rpt: 12/25 | | Rogers, Glenn M. (The Honorable) 00084128 | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/30/2023 | | Anedot | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | | |
| | \$75.30 | | 1340 Poydras Street | | | | | | | | |
| | | | Ste. 1770 | | | | | | | | |
| | | | New Orleans, LA 70112 | | | | | | | | |
| | DUDDOCE | | | | (1) | D | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of th | is schedule) | (0) | | outsi | de of Texas. Com | nlete Schedule T | | |
| | EXPENDITURE | | Fees | | | | | officeholder living | · | | |
| | | | | | | Online contril | outi | on processi | ng fees (6/30/2023) | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ught | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | |
| | 02/15/2023 | | Campaign Reporting Solutions, LL | С | | | | | | | |
| | Amount (\$) | | Payee address; City; S | tate; Zip C | ode | | | | | | |
| | \$1,056.00 | | 110 Carriage Drive | | | | | | | | |
| | | | 5 | | | | | | | | |
| | | | Lufkin, TX 75904 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of th Accounting/Banking | is schedule) | (b) | | , TX, | de of Texas. Com officeholder living <eeping b="" ser<="">\</eeping> | expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ught | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | |
| | 02/15/2023 | | Campaign Reporting Solutions, LL | с | | | | | | | |
| | Amount (\$) | | Payee address; City; S | tate; Zip C | ode | | | | | | |
| | \$270.35 | | 110 Carriage Drive | | | | | | | | |
| | | | | | | | | | | | |
| | | | Lufkin, TX 75904 | | -1 | | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of th | is schedule) | (b) | Description | outo: | do of Toyan Carr | nlata Sabadula T | | |
| | EXPENDITURE | | Accounting/Banking | | | Check if Austin | , тх, | de of Texas. Com officeholder living 099s for can | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ught | | | Office he | eld | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|------------------|---|--|--|------------------|---|----------------------------|--------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | | Office Over Polling Exp Printing Exp Salaries/Wa | ense ges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 FILER | NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 5/15 Rpt: 13/25 | Roger | s, Glenn M. (The Honor | able) | | | | 00084128 | | |
| 4 | Date | Payee | name | | | | | | | |
| | 05/03/2023 | | aign Reporting Solution | s, LLC | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$180.00 | 110 C | arriage Drive | | | | | | | |
| Lufkin, TX 75904 | | | | | | | | | | |
| 8 | PURPOSE OF | | ry (See Categories listed at the t | op of this sche | edule) | b) Description | | | | |
| | EXPENDITURE | Accou | nting/Banking | | | | | de of Texas. Com officeholder living | plete Schedule T. | |
| | | | | | | Campaign bo | | | | |
| | | | | | | 1 3 | | 1 0 | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candida | te/Officeholder name | 0 | office soug | ht | | Office he | əld | |
| | Date | Payee | name | | | | | | | |
| | 06/29/2023 | Camp | aign Reporting Solution | s, LLC | | | | | | |
| | Amount (\$) | Payee | address; City; | State; | Zip Cod | e | | | | |
| | \$403.50 | 110 C | arriage Drive | | | | | | | |
| | | Lufkin, TX 75904 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | rY (See Categories listed at the t nting/Banking | top of this sche | edule) | | n, TX, | officeholder living | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candida | te/Officeholder name | 0 |)ffice soug | ht | | Office he | eld | |
| | Date | Payee | name | | | | | | | |
| | 04/04/2023 | | n Spangler Photograph | ic Design | | | | | | |
| | Amount (\$) | Payee | address; City; | State; | Zip Cod | е | | | | |
| | \$511.00 | | pint Lick Drive | | | | | | | |
| | | Charle | eston, WV 25306 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ry (See Categories listed at the t Overhead/Rental Expe | | edule) (| Check if Austin | η, TX, | officeholder living | plete Schedule T. g expense e for capitol office decor | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candida | te/Officeholder name | 0 | office soug | ht | | Office he | əld | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|------------------|---|---|--|---------------|---|------------------------------|--------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide | | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 6/15 Rpt: 14/25 | | Rogers, Glenn M. (The Honora | able) | | | | 00084128 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/29/2023 | | Davis, Michael (Mr.) | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Coo | le | | | | | |
| | \$250.00 | | 1803 Exposition Blvd | | | | | | | | |
| Austin, TX 78703 | | | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the to | | edule) | (b) Description | | | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labo | r | | | | ide of Texas. Complete Schedule T. 4. officeholder living expense | | | |
| | | | | | | Campaign c | | | | | |
| | | | | | | oumpuign o | 0110 | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Dffice soug | ht | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 05/22/2023 | | Fazio Foothills Golf Course | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | le | | | | | |
| | \$650.00 | | 8212 Barton Club Drive | | | | | | | | |
| | | | | | | | | | | | |
| | | | Ausin, TX 78735 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the to | p of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Gift/Awards/Memorials Expens | e | | | | side of Texas. Complete Schedule T. | | | |
| | - | | | | | | | a, officeholder living expense d Resource Management Committee | | | |
| | | | | | | Chair | an | u Resource Management Committee | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought Office held OH | | | | | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 02/27/2023 | | HEB | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State. | ; Zip Coo | lo | | | | | |
| | \$45.18 | | 2652 Lake Austin Blvd | Olule, | , 20 000 | | | | | | |
| | ¢ 10.120 | | | | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the to | | edule) | (b) Description | l cuto | ide of Toyoo, Complete Schedule T | | | |
| | EXPENDITURE | | Office Overhead/Rental Expen | se | | | | ide of Texas. Complete Schedule T. K, officeholder living expense | | | |
| | | | | | | Supplies for | | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | C | Office soug | ht | | Office held | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-----|---|---|------------------------------|--------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I | Office Over Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 7/15 Rpt: 15/25 | | Rogers, Glenn M. (The Honorable) | | | | 00084128 | | |
| 4 | Date 02/27/2023 | | Payee name HEB | | | | | | |
| 6 | Amount (\$) \$92.27 | | Payee address; City; State; 2652 Lake Austin Blvd Austin, TX 78703 | Zip Co | le | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | | n, TX | de of Texas. Complete Schedule T. officeholder living expense itol office | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 04/06/2023 | | HEB | | | | | | |
| | Amount (\$) \$99.69 | | Payee address; City; State; 2652 Lake Austin Blvd Austin, TX 78703 | Zip Coo | le | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | | n, TX, | de of Texas. Complete Schedule T. officeholder living expense itol office | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 04/07/2023 | | HEB | | | | | | |
| | Amount (\$) \$17.67 | | Payee address; City; State; 2652 Lake Austin Blvd | Zip Co | le | | | | |
| | | | Austin, TX 78703 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | | n, TX | de of Texas. Complete Schedule T. officeholder living expense itol office | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Dffice sou | ht | | Office held | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|--|--------|--|---|--------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | oense | Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa | ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor | | Travel in District Travel Out of Distr | uipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 FILEF | R NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 8/15 Rpt: 16/25 | | ers, Glenn M. (The Honor | able) | | | | 00084128 | |
| 4 | Date 05/01/2023 | • Paye HEB | e name | | | | | | |
| 6 | Amount (\$) \$107.58 | , | e address; City; Lake Austin Blvd | State; | Zip Coo | e | | | |
| | Austin, TX 78703 | | | | | | | | |
| 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 Supplies for capitol office | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candid | ate/Officeholder name | C | Office soug | ht | | Office held | d |
| | Date | Paye | e name | | | | | | |
| | 05/23/2023 | HEB | | | | | | | |
| | Amount (\$) \$4.89 | - | e address; City; Lake Austin Blvd | State; | Zip Coo | e | | | |
| | PURPOSE OF EXPENDITURE | (a) Categ | n, TX 78703 Jory (See Categories listed at the tr e Overhead/Rental Exper | | edule) | | n, TX, | ide of Texas. Comple , officeholder living e itol office | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candid | ate/Officeholder name | C | Office soug | ht | | Office hel | d |
| | Date | Paye | e name | | | | | | |
| | 01/19/2023 | | son, Jeff (Mr.) | | | | | | |
| | Amount (\$) \$3,000.00 | | e address; City; Sox 375 | State; | Zip Coo | e | | | |
| | | Strav | vn, TX 76475 | | | | | | |
| | PURPOSE OF EXPENDITURE | | IOTY (See Categories listed at the tr ies/Wages/Contract Labo | • | edule) | | n, TX, | ide of Texas. Compl , officeholder living e act labor | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candid | ate/Officeholder name | C | Office soug | ht | | Office held | d |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| - | Sch: 9/15 Rpt: 17/25 | Rogers, Glenn M. (The Honorable) | 00084128 | | | | | |
| 4 | Date 03/17/2023 | Payee name Hinkson, Jeff (Mr.) | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| • | \$3,000.00 | PO Box 375 Strawn, TX 76475 | | | | | | |
| | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense ntract labor | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 05/24/2023 | Hinkson, Jeff (Mr.) | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$5,890.06 | PO Box 375 Strawn, TX 76475 | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense ntract labor | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 06/02/2023 | Land, Monte (Mr.) | | | | | | |
| | Amount (\$) \$258.00 | Payee address; City; State; Zip Code 155 River Road | | | | | | |
| | | Graford, TX 76449 | | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | outside of Texas. Complete Schedule T. , TX, officeholder living expense paign staff appreciation event | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|------------------------------|----------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 10/15 Rpt: 18/25 | | Rogers, Glenn M. (The Honorable) | | | | 00084128 | | |
| 4 | Date | 5 | Payee name | | | <u> </u> | | | |
| | 06/28/2023 | | Legislative Solutions | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | le | | | | |
| | \$295.00 | | 807 Brazos Street | | | | | | |
| | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | dulo) | (b) Description | | | | |
| | OF | | Event Expense | edule) | | outs | ide of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | | | Check if Austir | I, TX | , officeholder living expense | | |
| | | | | | Email invitati | ons | s to campaign fundraiser | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name O | office sou | lht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 03/28/2023 | | Lonesome Dove | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | |
| | \$618.68 | | 123 W 6th Street | | | | | | |
| | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | EXPENDITURE | | Food/Beverage Expense | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | | | | | OH dinner m | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | |
| - | Date | | Payee name | | | | | | |
| | 01/23/2023 | | Mailchimp | | | | | | |
| | Amount (\$) | | · · · · · · · · · · · · · · · · · · · | Zip Co | 10 | | | | |
| | \$73.55 | | 675 Ponce de Leon Ave NE | | | | | | |
| | φ/0.00 | | Ste. 5000 | | | | | | |
| | | | | | | | | | |
| | | | Atlanta, GA 30308 | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | ide of Tourse, Occurrently, Ochordright, T | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | | | | | | | vice for OH e-mail updates | | |
| | | | | | | - | | | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name O | office sou | Iht | | Office held | | |
| | expenditure to benefit C/OI | | ······ | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|-------------------|--|---------------------------------------|---|--------------------------|-------|--|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp | Office Pollin Printin Salari | e Overhe g Expen ng Expe ies/Wag | nse es/Contract Labor | | Travel in District Travel Out of Dist | uipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 11/15 Rpt: 19/25 | | Rogers, Glenn M. (The Honorable | e) | | | | 00084128 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 02/23/2023 | | Mailchimp | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Zip | Code | | | | | | |
| | \$73.55 | | 675 Ponce de Leon Ave NE | | | | | | | | |
| | | | Ste. 5000 | | | | | | | | |
| | | Atlanta, GA 30308 | | | | | | | | | |
| 8 | PURPOSE | <u> </u> | Category (See Categories listed at the top of | | (b |) Description | | | | | |
| | OF | | Office Overhead/Rental Expense | inis schedule) | | | outsi | ide of Texas. Comp | lete Schedule T. | | |
| | EXPENDITURE | | | | | | | officeholder living | | | |
| | | | | | | Distribution s | erv | rice for OH e- | mail updates | | |
| _ | | | | | <u> </u> | | | 011 | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office | sougn | t | | Office he | 10 | | |
| | Date | | Payee name | | | | | | | | |
| | 03/23/2023 | | Mailchimp | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip | Code | | | | | | |
| | \$73.55 | | 675 Ponce de Leon Ave NE | | | | | | | | |
| | | | Ste. 5000 | | | | | | | | |
| | | | Atlanta, GA 30308 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schedule) | (b |) Description | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | ide of Texas. Comp | | | |
| | _/ | | | | | | | , officeholder living | | | |
| | | | | | | Distribution s | erv | | mail upuales | | |
| | Complete ONLY if direct | | andidate/Officeholder name | Office | sough | t | | Office he | ld | | |
| | expenditure to benefit C/OF | | | 0 | cougn | • | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/24/2023 | | Mailchimp | | | | | | | | |
| | Amount (\$) | | - | State; Zip | Code | | | | | | |
| | \$73.55 | | 675 Ponce de Leon Ave NE | otato, 2.p | 0000 | | | | | | |
| | | | Ste. 5000 | | | | | | | | |
| | | | Atlanta, GA 30308 | | | | | | | | |
| | PURPOSE | | | | 10 | Description | | | | | |
| | OF | | Category (See Categories listed at the top of Office Overhead/Rental Expense | this schedule) | |) Description | outsi | ide of Texas. Comp | lete Schedule T. | | |
| | EXPENDITURE | | | | | Check if Austin | , TX, | , officeholder living | expense | | |
| | | | | | | Distribution s | erv | rice for OH e- | mail updates | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office | sough | t | | Office he | ld | | |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-----|---|--|------------------------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 12/15 Rpt: 20/25 | | Rogers, Glenn M. (The Honorable) | | | | 00084128 | | |
| 4 | Date | 5 | Payee name | | | I | | | |
| | 05/23/2023 | | Mailchimp | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | le | | | | |
| | \$73.55 | | 675 Ponce de Leon Ave NE | | | | | | |
| | | | Ste. 5000 | | | | | | |
| | | | Atlanta, GA 30308 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | odulo) | (b) Description | | | | |
| | | Ľ | Office Overhead/Rental Expense | edule) | | outsi | ide of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | | | | | , officeholder living expense | | |
| | | | | | Distribution s | erv | vice for OH e-mail updates | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name O | office sou | Int | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 06/23/2023 | | Mailchimp | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | |
| | \$73.55 | | 675 Ponce de Leon Ave NE | | | | | | |
| | | | Ste. 5000 | | | | | | |
| | | | Atlanta, GA 30308 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | ide of Texas. Complete Schedule T. | | |
| | - | | | | | | , officeholder living expense vice for OH e-mail updates | | |
| | | | | | Distribution s | | nce for Off e-mail updates | | |
| | Complete ONLY if direct | | Candidate/Officeholder name O |)ffice sou | iht | | Office held | | |
| | expenditure to benefit C/OI | | | | , | | | | |
| | Date | | Payee name | | | | | | |
| | 01/19/2023 | | Murphy Nasica | | | | | | |
| | Amount (\$) | | | Zip Co | le | | | | |
| | \$5,000.00 | | PO Box 1648 | | | | | | |
| | | | | | | | | | |
| | | | Austin, TX 78767 | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | EXPENDITURE | | Consulting Expense | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | | | | | | | ulting - campaign services | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name O |)ffice sou | ht | | Office held | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|----------|---|---|---|--|--------------------------------|----------------------|--------|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | rhead pense pens ages | e /Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 13/15 Rpt: 21/25 | | Rogers, Glenn M. (The Honorable) | | | | | 00084128 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 03/13/2023 | | Parker County Republican Party | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | de | | | | | |
| | \$2,000.00 | | 908 S Main Street | | | | | | | |
| | | | Ste. G | | | | | | | |
| | | | Weatherford, TX 76087 | | | | | | | |
| _ | DUDDOOF | | | | (1-) | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche | edule) | (a) | Description | outei | de of Texas. Com | alete Schedule T | |
| | EXPENDITURE | | Contributions/Donations Made By Candidate/Officeholder/Political Commi | ittee | | | | officeholder living | | |
| | | | | | | Political dona | tior | n to sponsor | table at Reagan Day | |
| | | | | | | Dinner | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name O |)ffice sou | ght | | | Office he | ld | |
| | Date | | Payee name | | | | | | | |
| | 02/22/2023 | | Texas Conservative Coalition | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | |
| | \$2,000.00 | | 919 Congress Avenue | • | | | | | | |
| | | | Ste. 450 | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | |
| _ | PURPOSE | (0) | | | (h) | Description | | | | |
| | OF | (a) | Category (See Categories listed at the top of this sche Fees | edule) | (U) | Description | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | 1663 | | | | | officeholder living | | |
| | | | | | | Annual memb | oers | ship dues | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held DH | | | | | | ld | | |
| | Date | | Payee name | | | | | | | |
| | 03/06/2023 | | Texas Correctional Industries | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | |
| | \$433.00 | | 8801 South 1st Street | • | | | | | | |
| | | | Ste. 100 | | | | | | | |
| | | | Austin, TX 78748 | | | | | | | |
| | PURPOSE | (0) | | | (h) | Description | | | | |
| | OF | (a) | Category (See Categories listed at the top of this sche Contributions/Donations Made By | edule) | (u) | Description | outsio | de of Texas. Com | blete Schedule T. | |
| | EXPENDITURE | | Candidate/Officeholder/Political Commi | ittee | | | | officeholder living | | |
| | | | | | | Items purcha | sed | l for donatio | n to local non-profits' | |
| | | | | | | fundraisers | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O |)ffice sou | ght | | | Office he | ld | |
| \vdash | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|---|--|--|-----------------|--|------------------------------|-------|---|--------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guid | | Office Ove Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a cate | ment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FII FR NAME | · · | | · | 3 | Filer ID (Et | thics Commission Filers) |
| - | Sch: 14/15 Rpt: 22/25 | | Rogers, Glenn M. (The Honor | able) | | | | 00084128 | |
| 4 | Date 01/12/2023 | | Payee name Texas Department of Crimina | l Justice | | | | | |
| 6 Amount (\$) \$215.42 Huntsville, TX 77342 7 Payee address; City; State; Zip Code PO Box 4013 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the t Gift/Awards/Memorials Expen | | edule) | | , TX, | de of Texas. Complete officeholder living expe | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | C | Office sou | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 02/22/2023 | | Texas House Republican Cau | icus | | | | | |
| | Amount (\$) \$1,000.00 | | Payee address; City; PO Box 13305 | State; | Zip Co | le | | | |
| | PURPOSE OF EXPENDITURE | (a) | Austin, TX 78711 Category (See Categories listed at the t Fees | top of this sch | edule) | Check if Austin | , TX, | de of Texas. Complete officeholder living expe nembership due | ense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 01/07/2023 | | Weatherford Chamber of Com | nmerce | | | | | |
| | Amount (\$) \$225.00 | | Payee address; City; 401 Fort Worth Hwy | State; | Zip Co | le | | | |
| | | | Weatherford, TX 76086 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the t Fees | top of this sch | edule) | Check if Austin | , TX, | de of Texas. Complete officeholder living expe n membership (| ense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | C | Office sou | ht | | Office held | |
| | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|--|
| | Total pages Schedule F1: | |
| 1 | Sch: 15/15 Rpt: 23/25 | Rogers, Glenn M. (The Honorable) 00084128 |
| Ļ | - | |
| 4 | Date 02/22/2023 | 5 Payee name Weatherford Texas Police Foundation |
| 6 | Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 801 Santa Fe Drive |
| | | Weatherford, TX 76086 |
| 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 Charitable donation |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instru | cti | on Guide explains how to complete this form. | 1 | | bages Schedule K: 1/2 Rpt: 24/25 | |
|---|--------------|----------|--|------------|----------|-------------------------------------|----------------|
| 2 | FILER NAME | | | 3 | Filer I | D (Ethics Commission I | -ilers) |
| | Rogers, Gler | nn | M. (The Honorable) | | 00084 | 4128 | |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 06/08/2023 | | Bell Jr., Cecil (The Honorable) | | | | \$81.25 |
| | ł | 6 | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | I | Ļ- | Magnolia, TX 77355 Purpose for which amount is received Check if | 1:4: | | 1. View wetward to film. | |
| | | 7 | Reimbursement for committee chair gift | рони | cal com | tribution returned to filer | |
| ⊨ | | Ļ | | | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | * 01 OF |
| | 06/08/2023 | | Bell, Keith (The Honorable) | | | | \$81.25 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | Forney, TX 75126 | | | | |
| | I | \vdash | | politi | cal cont | I tribution returned to filer | |
| | | | Reimbursement for committee chair gift | F - | | | |
| | Date | ┢ | Name of person from whom amount is received | | | Amount (\$) | |
| | 06/08/2023 | | Carl Sherman Sr Campaign | | , | \$81.25 | |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | I | L | Desoto, TX 75115 | | | | |
| | | | — | politi | cal cont | tribution returned to filer | |
| | | L | Reimbursement for committee chair gift | | | | |
| | Date | Γ | Name of person from whom amount is received | | | Amount (\$) | |
| | 06/08/2023 | | Dr Brad Buckley Campaign | | | | \$81.25 |
| | I | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | Killeen, TX 76549 | | | | |
| | I | \vdash | | noliti | and cont | tribution returned to filer | |
| | | | Reimbursement for committee chair gift | μοπα | Cal com | | |
| ╞ | Date | ╞ | | | | Amount (\$) | |
| | 06/08/2023 | | Name of person from whom amount is received Mike Schofield Campaign | | | ΑΠΙΟUΠΕ (Φ) | \$81.25 |
| | 00/00/2020 | | Address of person from whom amount is received; City; State; Zip Code | | | | ΨU1.20 |
| | | | Address of person norm whom amount is received, Gity, State, Zip Code | | | | |
| | | | | | | | |
| | | | Katy, TX 77450 | | | | |
| | I | \vdash | Purpose for which amount is received Check if | politi | cal cont | ribution returned to filer | |
| | | | Reimbursement for committee chair gift | | | | |
| | | | | | | | |
| | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instruction Guide explains how to complete this form | | | | | ages Schedule K: 2/2 Rpt: 25/25 | |
|---|--|---|--|--------|----------|------------------------------------|---------|
| 2 | | | | | | (Ethics Commission I | -ilers) |
| | Rogers, Glei | Rogers, Glenn M. (The Honorable) | | | 00084 | 128 | |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 06/08/2023 | | Ortega, Lina (The Honorable) | | | | \$81.25 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | El Paso, TX 79901 | | | | |
| | | 7 | | politi | cal cont | ribution returned to filer | |
| | | | Reimbursement for committee chair gift | | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | |
| | 06/08/2023 | | Reynolds, Ron (The Honorable) | | | | \$81.25 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | Miccouri City, TV 774E0 | | | | |
| | | | Missouri City, TX 77459 | | 1 + | uite stieve weterweet die filmer | |
| | | | Purpose for which amount is received Check in Reimbursement for committee chair gift | politi | cal cont | ribution returned to filer | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |