FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00062521 20 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Joseph Patrick NAME Date Received **ELECTRONICALLY FILED** 07/10/2023 NICKNAME LAST **SUFFIX** Pat Gallagher CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 3600 Ridglea Country Club Dr. MAILING Receipt # Amount **ADDRESS** Change of Address Fort Worth, TX 76116 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Terri H. NAME NICKNAME LAST **SUFFIX** Gallagher **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 3600 Ridglea Country Club Dr. **ADDRESS** (Residence or Business) Fort Worth, TX 76116 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 808-2139 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other

11 OFFICE

03/05/2024

OFFICE HELD (if any)

District Judge District 96 Tarrant

General

Special

12 OFFICE SOUGHT (if known)

District Judge District 96

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 20

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES \$ 4. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18,	Filers)
COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS 16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD CONTRIBUTION BALANCE 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE STANDAY CONTRIBUTION BALANCE 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 18.	or
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16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL POLITICAL ANGUSTS OF THE LAST DAY 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 9. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 18, TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	
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CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18,	0.00
BALANCE REPORTING PERIOD \$ 18,	496.68
OUTSTANDING 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY	530.89
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY LOAN TOTALS OF THE REPORTING PERIOD	0.00
17 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that the accompanying report i true and correct and includes all information required to be reported by me under Title 15, Election Code.	i
The Honorable Joseph Patrick Gallagher	
Signature of Candidate or Officeholder	_
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this theday	
of, 20, to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	_

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	JVER SHEE	3 of 20		
18 FILER NAME 19 Filer ID (Ethics Commis							
G	Gallagher, Joseph Patrick (The Honorable) 00062521						
20 S0	CHEDUL	E SUBTOTALS		SUBTOTAL	AMOLINIT		
N/	AME OF	SCHEDULE		GOBTOTAL	7 (10100141		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	13,000.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	4,425.77		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	70.91		
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	0.32		
				•			

	MONET	ARY POLITICAL C	SCHEDULE A(J)1			
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/20	=	
2	FILER NAME Gallagher, J	oseph Patrick (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062521	_
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Auld, Marianne 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102		7 Amount of Contribution (\$) \$1,000.00)		
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title		-
	Attorney			Attorney		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	_
12	If contributor is	s a child, law firm of parent(s) (if a	ny)			_
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
06/30/2023 Henry, Mike Contributor address; City; State; Zip Code Fort Worth, TX 76107		ate; Zip Code		\$1,000.00)	
	Contributor's F	I Principal Occupation		Contributor's Job Title	_ L	-
		Attorney				
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	-
	Michael J. H	enry, Attorney At Law				
	If contributor is	s a child, law firm of parent(s) (if a	ny)			_
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	06/22/2023	Kelly Hart PAC	_		\$2,500.00)
		Contributor address; City; St Fort Worth, TX 76102	ate; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	1	_
Contributor's employer/law firm				Law firm of contributor's sp	pouse (if any)	_
If contributor is a child, law firm of parent(s) (if any)						_
						_

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A(J)1	
	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/20	
2	FILER NAME Gallagher, Joseph Patrick (The Honorable)			3 Filer ID (Ethics Commission Filers) 00062521
4	Date 06/22/2023	 Full name of contributor out-of-state P Kelly, Dee Contributor address; City; State; Zip Code 	PAC (ID#:)	7 Amount of Contribution (\$) \$1,000.00
		Fort Worth, TX 76102		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's	spouse (if any)
	Kelly Hart			
12	If contributor i	s a child, law firm of parent(s) (if any)		
-	Date	Full name of contributor out-of-state P	PAC (ID#:	Amount of Contribution (\$)
	06/22/2023	Keltner, David		\$1,000.00
		Contributor address; City; State; Zip Code		
		Continuator address, City, State, 21p Code		
		5		
		Fort Worth, TX 76102		
Contributor's Principal Occupation Contributor's Job Title				
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's	spouse (if any)
	Kelly Hart			
	If contributor i	s a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
	06/23/2023	Walton, Roger		\$500.00
		Contributor address; City; State; Zip Code		··· <mark>·</mark>
		Arlington, TX 76017		
	Contributor's	Principal Occupation	Contributor's Job Title	•
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	Law Firm of	Roger "Rocky" Walton, P.C.		
	If contributor i	s a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1
The Instru	The Instruction Guide explains how to complete this form.			1	ages Schedule A(J)1: /3 Rpt: 6/20
2 FILER NAME					(Ethics Commission Filers)
Gallagher, J	loseph Patrick (The Honorable	e)		000625	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	:)	7 Amount	of Contribution (\$)
06/21/2023 Witherite Law Group, PLLC 6 Contributor address; City; State; Zip Code				\$5,000.00	
	Dallas, TX 75231				
8 Contributor's	Principal Occupation		9 Contributor's Job Title	l	
10 Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any))
12 If contributor	is a child, law firm of parent(s) (if a	any)	1		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)
06/27/2023	Wooten, Coby	_			\$1,000.00
	Contributor address; City; Si	ate; Zip Code			
Canatuilautaula	Fort Worth, TX 76102		Contributorio Joh Title		
Contributor's Principal Occupation Contributor's Job Title Attorney Attorney					
	employer/law firm		Law firm of contributor's sp	nouse (if any))
	oten, Attorney at Law		Edw iiiii oi continuttoi 3 Sp	ouse (ii arry))
	is a child, law firm of parent(s) (if a	any)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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 Salaries/Wages/Contract Labor

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
abor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 7/20	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	02/28/2023	American Board of Trial Advocates
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 2001 Bryan St # 3000
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Dues -
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
=	Date	Payee name
	01/05/2023	Blue Jean Networks
_	Amount (\$)	Payee address; City; State; Zip Code
	\$96.06	4055 International Plaze
	Ψ30.00	Suite 600
		Fort Worth, TX 76109
_	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Computer Services and Internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/06/2023	Blue Jean Networks
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.06	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense Computer Services and internet
		Computer Services and internet
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	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: 2/12 Rpt: 8/20	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
L	03/10/2023	Blue Jean Networks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.06	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
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 computer services and internet
		computer services and internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/28/2023	Blue Jean Networks
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.25	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
	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
		Computer Services and internet
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/31/2023	Blue Jean Networks
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
	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
		Computer services and internet
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 9/20	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	06/02/2023	Blue Jean Networks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.25	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Computer services and internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
	Date	Payee name
	06/20/2023	Blue Jean Networks
	Amount (\$)	
	\$27.06	4055 International Plaze
		Suite 600
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Computer Services and internet
	Operation ONLY if allowed	Our distance (Office health annuary)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	06/23/2023	Busby, William
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	229 Concho River Drive
		Glenn Heights, TX 75154
	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
		website maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	n

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/12 Rpt: 10/20	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	04/27/2023	Fort Worth Florist
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.36	8247 Camp Bowie Blvd
		Fort Worth, TX 76116
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Administrative Professionals Day
		, and the second
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/10/2023	Fort Worth Republican Women
	Amount (\$)	·
	\$100.00	Payee address; City; State; Zip Code P. O. BOX 101613
	Ψ100.00	P. O. BOX 101013
		Fort Worth, TX 76185-1613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		uues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name Fort Worth Depublican Woman
	04/19/2023	Fort Worth Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P. O. BOX 101613
		Fort Worth, TX 76185-1613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		signing party
	Complete ONLY if direct	Condidate/Office helder regree
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/12 Rpt: 11/20	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	05/26/2023	Fort Worth Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.00	P. O. BOX 101613
		Fort Worth, TX 76185-1613
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Dues and luncheon
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/OI	
	Date	Payee name
	01/17/2023	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.32	14455 N. Hayden Road
		,
		Scottsdale, AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Domains
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davisa nama
	01/17/2023	Payee name
		GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.42	2155 E. GoDaddy Way
		Tempe, AZ 85284
	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
		Email Account
	Commiste ONU Wife dies	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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	
-	Total pages Cabadala Ed	
1	Total pages Schedule F1: Sch: 6/12 Rpt: 12/20	2 FILER NAME Gallagher, Joseph Patrick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062521
4	Date	5 Payee name
	04/24/2023	GoDaddy
6	Amount (\$) \$281.30	7 Payee address; City; State; Zip Code 14455 N. Hayden Road Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Website Renewal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2023	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.16	14455 N. Hayden Road
	DUDDOG	Scottsdale, AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense domain renewal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Google GSuite Account Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheater Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		email account
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 7/12 Rpt: 13/20	2 FILER NAME Gallagher, Joseph Patrick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062521
4	Date	5 Payee name
	02/02/2023	Google GSuite Account Service
6	Amount (\$) \$12.79	7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Account
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/02/2023	Google GSuite Account Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheater Parkway
		Mountain View, CA 94043
	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 email account
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2023	Google GSuite Account Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheater Parkway
		Mountain View, CA 94043
	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
		email account
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	nmittee	Gift/Awards/Memoria Legal Services	als Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
L	Sicult Said Faymont			The Instruction	Guide explains	how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 8/12 Rpt: 14/20		Gallagher,	Joseph Patrick	(The Honor	able)				00062521		
4	Date	5	Payee name									
L	05/02/2023		Google GS	uite Account S	ervice							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$12.79		1600 Amph	itheater Parkw	ay							
			Mountain V	iew, CA 94043	3							
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			head/Rental E				=			nplete Schedule T.	
								Check if Austin.		officeholder livin	g expense	
								eman account	ı			
<u>_</u>	Complete ONLY 'C. "	L	Daniel - t 1000	- · · ·		O#: -	a.l- /			Ott	ald	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(Office sou	gnt			Office h	eia	
		_										
	Date		Payee name									
L	06/02/2023		Google GS	uite Account S	ervice							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$12.79		1600 Amph	itheater Parkw	ay							
			Mountain V	iew, CA 94043	}							
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental E	xpense			=		de of Texas. Con officeholder livin	nplete Schedule T.	
								email accoun		, omcenower IIVIN	y cyhelise	
								oman account				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sour	aht			Office h	eld	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
 	Data	_										
	Date		Payee name	lonov								
	06/30/2023		Raise the M									
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$59.00		P. O. Box 2	6466								
			Little Rock	AR 72221								
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Accounting	Banking				<u></u>		de of Texas. Con officeholder livin	nplete Schedule T.	
								transaction fe			y expense	
								. an Jaculon 10				
	Complete ONLY if direct	<u> </u>	Pandidato/Offi	ceholder name		Office sou	aht			Office h	eld.	
	expenditure to benefit C/O		Januluale/UIII	cenoidei Hällie	(onice sou	yııl			Onice fi	ciu	

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 9/12 Rpt: 15/20	Gallagher, Joseph Patrick (The Honorable) 00062521				
4	Date	5 Payee name				
	01/04/2023	Securlock Fort Worth				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$144.00	3500 Riverbend Blvd				
		Fort Worth, TX 76116				
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 Storage				
		Storage				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/OI					
_						
	Date	Payee name				
	02/02/2023	Securlock Fort Worth				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$144.00	3500 Riverbend Blvd				
		Fort Worth, TX 76116				
	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				
		storage				
		oto.ago				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
\vdash	Date	Power name				
	03/02/2023	Payee name Securlock Fort Worth				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$144.00	3500 Riverbend Blvd				
		Fort Worth, TX 76116				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense Storage				
		Storage				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_						
L						

SCHEDULE F1

Vertising 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 Salaries/Wages/Contract Labor

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
or OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/12 Rpt: 16/20	2 FILER NAME Gallagher, Joseph Patrick (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062521
4	Date 04/03/2023	5 Payee name Securlock Fort Worth
6	Amount (\$) \$144.00	7 Payee address; City; State; Zip Code 3500 Riverbend Blvd
8	PURPOSE OF EXPENDITURE	Fort Worth, TX 76116 (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 storage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/02/2023 Amount (\$)	Payee name Securlock Fort Worth Payee address; City; State; Zip Code
	\$144.00	3500 Riverbend Blvd Fort Worth, TX 76116
	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 storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/02/2023	Payee name Securlock Fort Worth
	Amount (\$) \$144.00	Payee address; City; State; Zip Code 3500 Riverbend Blvd
		Fort Worth, TX 76116
	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 storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Laborate The Instruction Guide explains how to complete this form		OTHER (enter a category not listed above)			
Ļ	T. 1 0 1 1 1 51			_	E1 15	/Ellin O E'l	
1	Total pages Schedule F1:		3		Filer ID	(Ethics Commission File	ers)
L	Sch: 11/12 Rpt: 17/20	Gallagher, Joseph Patrick (The Honorable)			00062521		
4	Date	5 Payee name					
	04/27/2023	State Bar of Texas					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$450.00	1414 Colorado Street					
l							
		Fort Worth, TX 78701					
8	PURPOSE						
ľ	OF			utsio	de of Texas. Com	olete Schedule T.	
l	EXPENDITURE	omec overneda// teritar Expense			officeholder living		
		dues					
l							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	ld	
	expenditure to benefit C/O	1					
Г	Date	Payee name					
	04/26/2023	Tarrant County Bar Association					
H	Amount (\$)	Payee address; City; State; Zip Code					
l	\$500.00	1315 Calhoun Street					
		Fort Worth, TX 76102					
L	DUDDOCE	T					
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if I		ıtsiı	de of Texas. Com	nlete Schedule T	
l	EXPENDITURE	Event Expense			officeholder living		
		Law Day	spons	SC	rship		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	ld	
l	expenditure to benefit C/O	1					
F	Date	Payee name					
	05/16/2023	Tarrant County Republican Party					
┝	Amount (\$)	Payee address; City; State; Zip Code					
l	\$175.00	7524 Mosier View Ct #230					
l	41.0.00	TOET MODIO! VION OTHEOG					
l		Fort Worth TV 76110					
L		Fort Worth, TX 76118					
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		ıtci	do of Toyon Com	oloto Cobodulo T	
l	EXPENDITURE	Event Expense			de of Texas. Comp officeholder living		
		Tarrant G				САРОПОС	
1			·				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	ld	
	expenditure to benefit C/O				200 110		
\vdash							
I							

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/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: 12/12 Rpt: 18/20	Gallagher, Joseph Patrick (The Honorable) 00062521
4	Date	5 Payee name
	06/09/2023	Tarrant County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	7524 Mosier View Ct #230
		Fort Worth, TX 76118
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ted Cruz Breakfast
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Davies name
	05/24/2023	Payee name Toyas Contor For the Judiciany
L		Texas Center For the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Judicial Conference Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Conference Fee
L		
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	05/26/2023	Urban Country Flower Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.67	2234 W Park Row Dr # D
l		
		Pantego, TX 76013
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
l	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Flowers for Funeral
L	Operation ONE V. C.	Outside to 10 ff and a later and a second at the second at
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		
_		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 19/20 Gallagher, Joseph Patrick (The Honorable) 00062521 Date Payee name 06/08/2023 Party Warehouse Amount (\$) Payee address; City; State; Zip Code \$48.19 6550 Camp Bowie Blvd Reimbursement from political contributions intended Fort Worth, TX 76116 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** decorations for signing party table Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/08/2023 Walgreens Amount (\$) Payee address; City; State; Zip Code \$22.72 921 Henderson Street Reimbursement from

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gallagher, Joseph Patrick (The Honorable) 00062521 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2023 \$0.32 Wells Fargo 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76102 Purpose for which amount is received Check if political contribution returned to filer Interest on bank account 1/1-6/30/23