CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00069502	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Dennis R.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/10/2023	
	INICKIVAIVIE	Paul		JUFFIX	0.720.2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT		Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	626 1/2 Barringer Ln., Ste.	E			Receipt #	Amount
ADDRESS					r to so.p	, and an
Change of Address	Webster, TX 77598				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Larry M.				
	NICKNAME	LAST		SUFFIX		
		Hicks				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	10500 Northwest Freeway	, Ste. 212				
(Residence or Business)						
	Houston, TX 77092					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER	(713) 785-5515					
PHONE	(1.20) 1.00 0020					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after can	npaign treasurer
	X July 15	8th day before	election \square	Exceeded modified	appointment (office) Final Report (Atta	
		J our day belore t		reporting limit	Tindi Report (Aud	on oronning
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	IROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Р	rimary	Runoff	Other	
			eneral	Special	_	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 129		State Represent		
		CO T	O DACE 2			
		GO I	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Paul, Dennis R. (The	Honorable)	14 Filer ID 00069502	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendir These expenditures may have been made withou d officeholders are required to report this information	t the candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 9,594.98
EXPENDITURE TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 19,450.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 3,118.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS ASTING PERIOD	S OF THE LAST DAY	\$ 40,000.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	
		The Hor	norable Dennis R. Pa	aul
		Signature of	of Candidate or Officeh	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of offic	er administering oath
Signature of Office	cor auministening	i finted hame of onicer autilitistering	Tiue of offic	or administering batti

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		C	OVER	SHEET PG 3 3 of 27			
	18 FILER NAME 19 Filer ID 00060E03						
	nnis R. (The Honorable)	00069502	1				
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,000.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	594.98			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	19,450.09			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$				
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 BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	: A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/27	
2	FILER NAME Paul, Dennis R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	n Filers)	
4	Date 06/30/2023	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$500.00
0	Dringing oggu	Houston, TX 77027	0 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) O6/27/2023 Assoc of Fire and Casualty Companies Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_ IBAT PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	· ····o.pa. oooa	paner, cos ano (cos menastro)	pioye. (eee medacane	,		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ McGuire Woods Federal PAC Contributor address; City; State; Zip Code Richmond, TX 23219			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ TALHI Life Insurance PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		LE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/27	
2	FILER NAME Paul, Dennis R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	on Filers)	
4	Date 06/27/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$2,500.00
_	Daine in all account	Austin, TX 78701	D. Faralana (Garalana)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Plans Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	r incipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Thompson, Coe, Cousins & Irons LLP Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard W. Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$1,500.00
	Principal occu Builder	pation / Job title (See Instructions)	Employer (See Instructions Self)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	action Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 6/27		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	s R. (The Honorable)		00069502	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution	
06/26/2023	Martinez & Associates		contribution (\$) description \$350.00 I Invitation Distribution &	
	7 Contributor address; City; State; Zip Code		Coordination	
			į	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		
	,		,	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution	
06/26/2023	Martinez, Mario A.		contribution (\$) description \$81.66 Austin Club Reception	
	Contributor address; City; State; Zip Code			
			į į	
	Austin, TX 78701			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. JUDICIAL) (See instructions)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, .	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description	
06/26/2023	The Beer Alliance of Texas PAC		\$81.66 Austin Club Reception	
	Contributor address; City; State; Zip Code		The state of the s	
			į į	
	Austin, TX 78701		mi	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)	
Employer (i OK NON-JODICIAL) (See instruction)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 7/27 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul, Dennis R. (The Honorable) 00069502 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/26/2023 The Schlueter Group \$81.66 Austin Club Reception 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica 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: 1/20 Rpt: 8/27	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	02/09/2023	Alvin Sun & Advertiser
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$650.00	570 Dula St.
		Alvin, TX 77511
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Print ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	05/24/2023	Angie Chen Button Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.00	PO Box 2910 GW.7
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Reimburse Angie Chen Button for lunch provided for Asian American Day
	0 1: 0.11.7.7.1.	,
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/25/2023	Austin Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	923 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Parking
_	Operation ONE VALUE	On didn't lot for a series of the series of
	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 Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/20 Rpt: 9/27	Paul, Dennis R. (The Honorable)		00069502
4	Date	5 Payee name		
	03/06/2023	Avenida South		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$35.00	1710 Polk Street		
		Houston, TX 77002		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Parking and Tolls
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	04/28/2023	BARWPAC		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$150.00	C/O Debbie Roan		
		Houston, TX 77059		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Directory ad
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O		ugni	Office field
	D :			
	Date	Payee name		
	05/24/2023	Bentch, Gregory		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$800.00	5809 Gloucester Ln		
		Austin, TX 78723		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Contract labor for Campaign Services
				Contract labor for Campaign Octobes
	Complete ONLY if direct	Candidate/Officeholder name Office so	liapt	Office held
	expenditure to benefit C/O		agnt	Omoc neu
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 3/20 Rpt: 10/27	Paul, Dennis R. (The Honorable) 00069502	
4	Date	5 Payee name	_
	01/18/2023	Capital Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$72.08	1400 Congress Ave	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch Meals	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	05/01/2023	Capital Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.92	1400 Congress Ave	
l		Austin, TX 78701	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Meals	
l		ivieais	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	o	
	Data	David and the second se	=
	Date 01/16/2023	Payee name Chick Fil A	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.81	503 W Martin Luther King	
		Avertica TV 70704	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Rayarage Eynense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food for staff and guests on swearing in day.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
Г			_
l			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			es/Contract Labor OTHER (enter a category not listed above)
_	T-t-1	•		· ·
1	Total pages Schedule F1: Sch: 4/20 Rpt: 11/27	FILER NAME Paul, Dennis R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069502
4	Date	Payee name		<u> </u>
	02/10/2023	Chick Fil A		
6	Amount (\$)	Payee address; City; State; Zip	Code	
	\$10.76	503 W Martin Luther King		
		Austin, TX 78701		
8	PURPOSE) Category (See Categories listed at the top of this schedule)	(b)) <u>De</u> scription
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Lunch in Austin
_	Complete ONLY if alias -t	Condidate/Officeholder name	- L	t Office hald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	sought	t Office held
	Date	Payee name		
	02/12/2023	Chick Fil A		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$42.82	503 W Martin Luther King		
		Austin, TX 78701		
	PURPOSE OF) Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lunch meeting with staff
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	t Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	02/21/2023	Chick Fil A		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$52.45	503 W Martin Luther King		
		Austin, TX 78701		
	PURPOSE) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Staff lunch
				Ottali idiloli
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	t Office held
	expenditure to benefit C/OI	Carialdato/Onlocholder name Onloc	Jougist	C Office Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense 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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 12/27	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	04/06/2023	Chick Fil A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.69	503 W Martin Luther King
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Lunch meeting with staff
		Euron meeting with stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Daving marks
	05/19/2023	Payee name Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.07	503 W Martin Luther King
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch meeting with staff
		Lunch meeting with stan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Data	David and a second a second and
	Date 02/08/2023	Payee name Chick-fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.64	I45 & El Dorado
		Webster, TX 77598
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch meeting with staff
		Lunon meeting with stan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contra The Instruction Guide explains how to complete thi	· • • • • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/20 Rpt: 13/27	Paul, Dennis R. (The Honorable)	00069502
4	Date	5 Payee name	
	06/01/2023	Chick-fil-A	
6	Amount (\$) \$19.15	7 Payee address; City; State; Zip Code 145 & El Dorado	
_		Webster, TX 77598	
8	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense ch meeting with staff
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/15/2023	City Park Valet	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.60	923 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense king
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/23/2023	City of Webster	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 101 Pennsylvania Ave	
		Webster, TX 77598	
	PURPOSE OF EXPENDITURE	Tees	cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense Osit on venue for fundraiser
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Onations 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 7/20 Rpt: 14/27	Paul, Dennis R. (The Honorable) 00069502		
4	Date	5 Payee name		
	06/23/2023	City of Webster		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100.00	101 Pennsylvania Ave		
		Webster, TX 77598		
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 Rental of venue for fundraiser		
		Nemai oi vende loi landraisei		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
\vdash	Data	Para a same		
	Date	Payee name		
	06/23/2023	City of Webster		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$450.00	101 Pennsylvania Ave		
		Webster, TX 77598		
	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		
		Security for fundraiser		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		
_	_			
	Date	Payee name		
	02/13/2023	Clear Lake Area Chamber of Commerce		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$35.00	1201 NASA Parkway		
		Houston, TX 77058		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Monthly luncheon meeting.		
		Monthly function meeting.		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
<u> </u>	Total names Calcadala 54	<u> </u>			
1	Total pages Schedule F1: Sch: 8/20 Rpt: 15/27	2 FILER NAME Paul, Dennis R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069502			
4	Date	5 Payee name			
	02/13/2023	Clear Lake Area Chamber of Commerce			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$39.11	1201 NASA Parkway			
		Houston, TX 77058			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense			
		Epicurean Evening			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	03/17/2023	Clear Lake Area Chamber of Commerce			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$35.00	1201 NASA Parkway			
		Houston, TX 77058			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Monthly luncheon meeting			
		Worlding Iditation meeting			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
\vdash	Date	Payee name			
	01/18/2023	Constant Contact			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$101.27	1601 Trapelo Road			
		Waltham, MA 02451			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		E-Mail Service			
	Complete ONLY if alias -t	Condidate/Officeholder name Office country			
	Complete <u>ONLY</u> 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 Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 9/20 Rpt: 16/27	Paul, Dennis R. (The Honorable) 00069502	
4	Date	5 Payee name	_
l	02/18/2023	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$101.27	1601 Trapelo Road	
l			
		Waltham, MA 02451	
8	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		E-Mail Service	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot		
	Date	Payee name	
	03/18/2023	Constant Contact	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$101.27	1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense E-Mail Service	
		E-Wall Screec	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	04/18/2023	Constant Contact	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$101.27	1601 Trapelo Road	
l	4101.21	1001 Hapolo Roda	
		Waltham, MA 02451	
	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		E-Mail Service	
L			
Γ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By - Gift/Awards/Memo

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: 10/20 Rpt: 17/27	Paul, Dennis R. (The Honorable) 00069502			
4	Date	5 Payee name			
	05/18/2023	Constant Contact			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$101.27	1601 Trapelo Road			
		Waltham, MA 02451			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense E-Mail Service			
		E IVIAII SCIVICE			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Data				
	Date	Payee name			
	06/18/2023	Constant Contact			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$101.27	1601 Trapelo Road			
		Waltham, MA 02451			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		E-Mail Service			
		L mail corvice			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	01/19/2023	Fratelli Pizza			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$80.23	501 W 15th Street, Suite C			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Lunch Delivery during Session			
	Complete ONII V if allows:	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 18/27	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	05/03/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$298.98	3501 Clear Lake City Blvd
		Webster, TX 77059
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Romo for giveaway at Gampaigh Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/02/2023	Harris County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	C/O Vera Mintner
		1600 West Loop South, Suite 620
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EA LIBITE.	Candidate/Officeholder/Political Committee
		Lincoln Reagan Dinner
_	C. L. Chilly if divers	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.99	10019 I-35 Frontage Road
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Bottled water service
		Bottled water Service
	Complete ONLY if direct	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 12/20 Rpt: 19/27	Paul, Dennis R. (The Honorable) 00069502			
4	Date	5 Payee name			
	05/02/2023	Hill Country Springs			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$46.99	10019 I-35 Frontage Road			
		Austin, TX 78747			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Bottled water service			
		Bottled Water Service			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Data	David and the second se			
	Date	Payee name			
	06/02/2023	Hill Country Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$81.98	10019 I-35 Frontage Road			
		Austin, TX 78747			
	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 Water service			
		Water Service			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	Davies name			
	02/28/2023	Payee name Houston Chronicle			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$507.85	4747 Southwest Freeway			
		Houston, TX 77027			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Public notices			
		1 dolle fieldes			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 20/27	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	02/06/2023	La Porte - Bayshore Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 996
		La Porte, TX 77572
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		2023 Sylvan Beach Festival
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/07/2023	La Porte - Bayshore Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 996
		The Box 333
		La Porte, TX 77572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		State of La Porte Luncheon
		State of Earl Site Earlineon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	06/15/2023	La Porte - Bayshore Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	P.O. Box 996
	Ψ120.00	1.O. Box 330
		La Porte, TX 77572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Membership dues
	Operation ONLY if direct	Our Highes (Office health arrange)
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/20 Rpt: 21/27	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	02/06/2023	Larry M. Hicks CPA
6	Amount (\$) \$2,995.00	7 Payee address; City; State; Zip Code 10500 Northwest Freeway, Suite 212
		Houston, TX 77092
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting and Compliance Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/23/2023	Mandolas Italian
	Amount (\$) \$32.66	Payee address; City; State; Zip Code 4700 Guadalupe
		Austin, TX 78751
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting with staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/23/2023	Payee name Millers Cafe
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$33.02	2403 Bay Area Blvd
		Houston, TX 77058
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting with staff
	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	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: 15/20 Rpt: 22/27	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	06/12/2023	Millers Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.64	2403 Bay Area Blvd
		Houston, TX 77058
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch meeting with staff
		Landi include with stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/08/2023	PF Chang's
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$92.94	201 San Jacinto Blvd
	Ψ02.04	201 Out Odonico Diva
		Austin, TX 78701
⊢	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner with another member to discuss policy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2023	Panera Bread
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.85	155 El Dorado Blvd
		Webster., TX 77598
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch meeting with staff
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
┢	Total pages Cabadala Ed	· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1: Sch: 16/20 Rpt: 23/27	2 FILER NAME Paul, Dennis R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069502			
4	Date	5 Payee name			
	06/06/2023	Pasadena Chamber of Commerce			
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 4334 Fairmont Parkway			
		Pasadena, TX 77504			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Membership dues			
		Membership dues			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ຶ່ນ	expenditure to benefit C/OI				
	Date	Payee name			
	02/15/2023	Pearland Chamber of Commerce			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$450.00	6117 Broadway			
		Pearland, TX 77581			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Membership dues			
		Membership dues			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	06/09/2023	Piryx			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$57.50	955 Market Street			
		San Francisco, CA 94103			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Credit Card Processing Fees			
		Great Gard 1 100033thg 1 003			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

0	edit Cara i ayınıcın		The Instruction Guid	e explains how to co	mple	ete this form.				
	al pages Schedule h: 17/20 Rpt: 24	- 1	Paul, Dennis R. (The Honoral	ole)				Filer ID 00069502	(Ethics Cor	nmission Filers)
4 Dat	· · · · · · · · · · · · · · · · · · ·		Payee name Rotary Club of Space	,		L				
6 Am	ount (\$) \$250	- 1	Payee address; City; 1218 Bob White Drive	State; Zip Co	de					
	PURPOSE OF KPENDITURE	(Friendswood, TX 77546 a) Category (See Categories listed at the the sees)	top of this schedule)	(b)	Description Check if travel or Check if Austin,				т.
9 Cor	mplete <u>ONLY</u> if dire	ect .	Candidate/Officeholder name	Office sou	aht	Membership D	Due	Office he	ald.	
	penditure to benefit		Cardidate/Officeriolder flame	Office 300	9111			Office fic	,iu	
Dat 05/	e /01/2023		Payee name South Belt-Ellington Leader							
Am	ount (\$) \$100	.00	Payee address; City; 11555 Beamer	State; Zip Co	de					
			Houston, TX 77089							
	PURPOSE OF KPENDITURE		 a) Category (See Categories listed at the t Fees 	top of this schedule)	(b)	Description Check if travel or Check if Austin, 1 Year Subscri	TX, c	officeholder living		т.
	mplete <u>ONLY</u> if dire penditure to benefit		Candidate/Officeholder name	Office sou	ght			Office he	eld	
Dat 06/	e (02/2023		Payee name South Belt-Ellington Leader							
Am	ount (\$) \$35	.00	Payee address; City; 11555 Beamer	State; Zip Co	de					
			Houston, TX 77089							
	PURPOSE OF KPENDITURE		 a) Category (See Categories listed at the the Advertising Expense) 	top of this schedule)	(b)	Description Check if travel of Check if Austin, Graduation Ec	TX, c	officeholder living		т.
	mplete <u>ONLY</u> if dire		Candidate/Officeholder name	Office sou	ght			Office he	eld	

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				
┢	Tatalana C. I. I. Ta				
1	Total pages Schedule F1: Sch: 18/20 Rpt: 25/27	2 FILER NAME Paul, Dennis R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069502			
4	Date	5 Payee name			
	03/17/2023	South Shore Harbor Resort			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$500.00	Attn: Bridget Bear			
		2500 South Shore Blvd			
		League City, TX 77573			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee			
		Salute to Heroes			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/18/2023	Square Access Valet			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$14.00	923 Congress Ave			
		Austin, TX 78701			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Parking during Session			
		i wining during Occasion			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	05/15/2023	Texas Correctional Industries			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$422.09	P.O. Box 4013			
		Huntsville, TX 77342			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		Donated Chair for Sherit Auction			
	Complete ONLY if direct	Condidate/Officeholder name Office cought			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
1	Sch: 19/20 Rpt: 26/27	Paul, Dennis R. (The Honorable) 00069502				
4	Date	5 Payee name				
	02/22/2023	Texas Conservative Coalition				
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P.O. Box 2659 Austin, TX 78768				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense 1/2023 - 12/2024				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	03/13/2023	Texas House Republican Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	P.O. Box 13305				
		Austin, TX 78711				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Membership Dues				
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name				
	06/23/2023	The Yates Company				
	Amount (\$) Payee address; City; State; Zip Code					
	\$5,000.00 PO Box 75190					
		Houston, TX 77234				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Campaign Consulting				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 20/20 Rpt: 27/27	Paul, Dennis R. (The Honorable)	00069502			
4	Date	5 Payee name				
	06/23/2023	The Yates Company				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$49.50	PO Box 75190				
		Houston, TX 77234				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Check if Austin,	TX, officeholder living expense			
l		Courier service	ce			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held			
L	experience to borionic Grou					
	Date	Payee name				
	06/21/2023	Tommy's Restaurant				
	Amount (\$) Payee address; City; State; Zip Code					
l	\$250.15	2555 Bay Area Blvd				
l						
l		Houston, TX 77058				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.			
l			TX, officeholder living expense ocal elected officials to discuss policy			
l		Diffici with to	real elected officials to discuss policy			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					
┢						