### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

00020056     3       CFRICEHOLDER NAME     MS / MRS / MR     FIRST     MI     OFFICE USE ONLY       Date Focused NAME     LAST     SUFFIX     Date Focused Processed     Date Focused Processed       A CANDIDATE / OFFICEHOLDER MALING     ADDRESS / PO BOX; APT / SUITE #; CITY; S17 Kiowa Dr. W     ZIP CODE     Date Hand-delivered or Date Focused Processed       Chunge of Address     Gainesville, TX 76240-9593     Date Finance     Date Focused Processed     Date Finance       5     CAMPAIGN NAME     MS / MRS / MR     FIRST     MI     Date Finance       NME     MS / MRS / MR     FIRST     MI       NAME     LAST     SUFFIX     Date Finance       6     CAMPAIGN TREASURER NAME     STREET ADDRESS (NO PO BOX PLEASE); (Residence or Business)     APT / SUITE #; CITY; STATE; ZIP CODE       7     CAMPAIGN TREASURER PHONE     AREA CODE Rancessed     PHONE NUMBER     EXTENSION       8     REPORT TYPE     January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (dificeholder on))       9     PERIOD     Month     Day Year     Month     Day Year
OFFICEHOLDER NAME       The Honorable       E. Lee       Date Received ELECTRONICALLY FILED         4       CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; Gebriel       SUFFIX       Date Hand-delivered or Date Postmarked         4       CANDIDATE / OFFICEHOLDER MAILING ADDRESS       ADDRESS / PO BOX; APT / SUITE #; CITY; S17 Kiowa Dr. W       ZIP CODE       Date Hand-delivered or Date Postmarked         Gainesville, TX 76240-9593       Gainesville, TX 76240-9593       Date Processed       Date Imaged         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST Mrs.       MI         NICKNAME       LAST Bancroft       SUFFIX       SUFFIX         6       CAMPAIGN TREASURER ADDRESS (residence or Busines)       STREET ADDRESS (NO PO BOX PLEASE); Argyle, TX 76226       APT / SUITE #; CITY; STATE; ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER       EXTENSION (Residence or Busines)       STATE; ZIP CODE         8       REPORT TYPE       January 15 July 15       30th day before election X       Runoff       ISh day after campaign resource appointment (difficahodidor only))         8       REPORT TYPE       July 15       8th day before election       Runoff       ISh day after campaign resource appointment (difficahodidor only)
NAME     Date Received       NICKNAME     LAST     SUFFIX       4     CANDIDATE / OFFICEHOLER MAILING ADDRESS     ADDRESS / PO BOX; APT / SUITE #; CITY; SI7 Kiowa Dr. W     ZIP CODE     Date Hand-delivered or Date Postmarked       9     Change of Address     Gainesville, TX 76240-9593     Date Processed       5     CAMPAIGN TREASURER NAME     MS / MRS / MR     FIRST Mrs.     MI       6     CAMPAIGN TREASURER ADDRESS (Residence or Businessi)     STREET ADDRESS (NO PO BOX PLEASE); Argyle, TX 76226     APT / SUITE #; CITY; STATE; ZIP CODE     STATE; ZIP CODE       7     CAMPAIGN TREASURER PHONE     AREA CODE (817) 475-3693     PHONE NUMBER     EXTENSION (Residence or Businessi)     STATE; ZIP CODE       8     REPORT TYPE     January 15     30th day before election     Runoff     ISh day after campaign treasurer appointment (officie/budier only)
NICKNAME       LAST       SUFFIX       07/11/2023         4       CANDIDATE / OFFICEHOLDER MALING       ADDRESS / PO BOX; APT / SUITE #; CITY; S17 Kiowa Dr. W       ZIP CODE       Date Hand delivered or Data Postmarked         —       Change of Address       Gainesville, TX 76240-9593       Date Fracessed       Date Fracessed         —       Change of Address       Gainesville, TX 76240-9593       MI       Date Fracessed         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         NICKNAME       LAST Bancroft       SUFFIX       SUFFIX         6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;       STATE; ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION         8       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (dificeholder only)         8       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (dificeholder only)
4       CANDIDATE / OFFICEHOLDER MAILING       ADDRESS / PO BOX; APT / SUITE #; CITY; S17 Kiowa Dr. W       ZIP CODE       Date Hand-delivered or Date Postmarked         6       Change of Address       Gainesville, TX 76240-9593       Date Processed       Date Imaged         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST Mrs.       MI         6       CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       FIRST Bancroft       MI         6       CAMPAIGN TREASURER ADDRESS (Residence or Business)       STREET ADDRESS (NO PO BOX PLEASE); Argyle, TX 76226       APT / SUITE #; CITY; STATE; ZIP CODE       STATE; ZIP CODE         7       CAMPAIGN TREASURER ADDRESS (Residence or Business)       AREA CODE       PHONE NUMBER       EXTENSION         8       REPORT TYPE       January 15       30th day before election       Runoff       Ish day after campaign tracsurer appointment (officeholder only)         8       REPORT TYPE       January 15       Bth day before election       Exceeded modified reporting limit       Ish day before election       Exceeded modified reporting limit       Ish day before election
4       CANDIDATE / OFFICEHOLDER MAILING       ADDRESS / PO BOX; APT / SUITE #; CITY; S17 Kiowa Dr. W       ZIP CODE       Date Hand delivered or Date Postmarked         6       Change of Address       Gainesville, TX 76240-9593       MI         7       CAMPAIGN TREASURER ADDRESS (Residence or Business)       MS / MRS / MR Mrs.       FIRST Mrs.       MI         8       CAMPAIGN TREASURER ADDRESS (Residence or Business)       STREET ADDRESS (NO PO BOX PLEASE); Argyle, TX 76226       APT / SUITE #; CITY; STATE; ZIP CODE       STATE; ZIP CODE         8       REPORT TYPE       January 15       30th day before election       Runoff       Ish day after campaign freasurer appointment (officeholder only)         8       REPORT TYPE       January 15       Bith day before election       Runoff       Ish day after campaign freasurer appointment (officeholder only)
OFFICEHOLDER MAILING ADDRESS       517 Kiowa Dr. W       Receipt #       Amount         Change of Address       Gainesville, TX 76240-9593       Date Processed         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         6       CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       FIRST       MI         6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION       STATE;       ZIP CODE         8       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (ditach C/OH-FR)         8       REPORT TYPE       January 15       8th day before election       Exceeded modified reporting limit       15th day after campaign treasurer appointment (ditach C/OH-FR)
MAILING ADDRESS       S17 Klowa DI. W         Gainesville, TX 76240-9593       Receipt # // mount         Date Imaged       Date Imaged         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST         NICKNAME       LAST Bancroft       MI         6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); (Residence or Business)       APT / SUITE #; CITY; STATE; ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION (817) 475-3693         8       REPORT TYPE       January 15       30th day before election       Runoff       ISth day after campaign treasurer appointment (officeholder only) [X] July 15
ADDRESS       Gainesville, TX 76240-9593       Information in the processed       Date Processed         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         6       CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE         6       CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       Argyle, TX 76226       Argyle, TX 76226       STATE;       ZIP CODE         8       REPORT TYPE       January 15       30th day before election       Runoff       ISh day after campaign treasurer appointment (dificeholder only)         8       REPORT       July 15       8th day before election       Exceeded modified       Final Report (Attach C/OH-FR)
Date Processed         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         5       CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       FIRST       MI         6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION (817) 475-3693       PHONE NUMBER       EXTENSION         8       REPORT TYPE
Date Processed         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         5       CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       FIRST       MI         6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION (817) 475-3693       PHONE NUMBER       EXTENSION         8       REPORT TYPE
5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         5       CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       Sue         6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); 106 Stonecrest       APT / SUITE #;       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE PHONE NUMBER       EXTENSION (817) 475-3693       AREA CODE (817) 475-3693       PHONE NUMBER       EXTENSION         8       REPORT TYPE
5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         5       CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       Sue         6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); 106 Stonecrest       APT / SUITE #;       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE PHONE NUMBER       EXTENSION (817) 475-3693       AREA CODE (817) 475-3693       PHONE NUMBER       EXTENSION         8       REPORT TYPE
TREASURER NAME       Mrs.       Sue         NICKNAME       LAST Bancroft       SUFFIX         6       CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE         7       CAMPAIGN TREASURER PHONE         8       REPORT TYPE         9       January 15         1       30th day before election         1       Sth day before election         1       July 15
NAME     Mrs.     SUP       NICKNAME     LAST     SUFFIX       Bancroft     STREET ADDRESS (NO PO BOX PLEASE);     APT / SUITE #; CITY;     STATE; ZIP CODE       6     CAMPAIGN TREASURER ADDRESS     STREET ADDRESS (NO PO BOX PLEASE);     APT / SUITE #; CITY;     STATE; ZIP CODE       7     CAMPAIGN TREASURER PHONE     AREA CODE     PHONE NUMBER     EXTENSION       8     REPORT TYPE     January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)       8     REPORT TYPE     July 15     8th day before election     Exceeded modified reporting limit     Final Report (Attach C/OH-FR)
NAME     LAST     SUFFIX       Bancroft     STREET ADDRESS (NO PO BOX PLEASE);     APT / SUITE #;     CITY;     STATE;     ZIP CODE       6     CAMPAIGN TREASURER ADDRESS     STREET ADDRESS (NO PO BOX PLEASE);     APT / SUITE #;     CITY;     STATE;     ZIP CODE       7     CAMPAIGN TREASURER PHONE     AREA CODE     PHONE NUMBER     EXTENSION       8     REPORT TYPE     January 15     30th day before election     Runoff     ISth day after campaign treasurer appointment (officeholder only)       X     July 15     8th day before election     Exceeded modified     Final Report (Attach C/OH-FR)
Bancroft         6       CAMPAIGN TREASURER ADDRESS (Residence or Business)       STREET ADDRESS (NO PO BOX PLEASE); 306 Stonecrest       APT / SUITE #; OS Stonecrest       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER       EXTENSION         8       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (officeholder only)         8       July 15       8th day before election       Exceeded modified reporting limit       Final Report (Attach C/OH-FR)
Bancroft         6       CAMPAIGN TREASURER ADDRESS (Residence or Business)       STREET ADDRESS (NO PO BOX PLEASE); 306 Stonecrest       APT / SUITE #; OS Stonecrest       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER       EXTENSION         8       REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (officeholder only))         X       July 15       8th day before election       Exceeded modified reporting limit       Final Report (Attach C/OH-FR)
6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); 306 Stonecrest       APT / SUITE #; OITY;       CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER       EXTENSION (817) 475-3693         8       REPORT TYPE       January 15 January 15       30th day before election       Runoff Exceeded modified reporting limit       15th day after campaign treasurer appointment (officeholder only)
TREASURER ADDRESS       306 Stonecrest         (Residence or Business)       Argyle, TX 76226         7 CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER EXTENSION         8 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (officeholder only)         1 July 15       8th day before election       Exceeded modified       Final Report (Attach C/OH-FR)
TREASURER ADDRESS       306 Stonecrest         (Residence or Business)       Argyle, TX 76226         7 CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER EXTENSION         8 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (officeholder only)         1 July 15       8th day before election       Exceeded modified       Final Report (Attach C/OH-FR)
ADDRESS (Residence or Business)       Argyle, TX 76226         7 CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER EXTENSION         8 REPORT TYPE
Argyle, TX 76226         7 CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER       EXTENSION         8 REPORT TYPE
7       CAMPAIGN TREASURER PHONE       AREA CODE (817) 475-3693       PHONE NUMBER       EXTENSION         8       REPORT TYPE
TREASURER PHONE       (817) 475-3693         8       REPORT TYPE         Image: Display line in the second sec
TREASURER PHONE       (817) 475-3693         8       REPORT TYPE         Image: Display line in the second sec
TREASURER PHONE       (817) 475-3693         8       REPORT TYPE         Image: Display line in the second sec
8 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (officeholder only)         X       July 15       8th day before election       Exceeded modified reporting limit       Final Report (Attach C/OH-FR)
TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (officeholder only)         X       July 15       8th day before election       Exceeded modified reporting limit       Final Report (Attach C/OH-FR)
X     July 15     Sth day before election     Final Report (Attach C/OH-FR)
X       July 15       8th day before election       Exceeded modified reporting limit       Final Report (Attach C/OH-FR)
9 PERIOD Month Day Year Month Day Year
COVERED 01/01/2023 THROUGH 06/30/2023
10 ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
General Special
11 OFFICE     OFFICE HELD (if any)     12 OFFICE SOUGHT (if known)
Senior Judge None
·
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### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 8

L

13 C / OH NAME	Gabriel, E. Lee (The	Honorable)	14 Filer ID 00020056	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen- These expenditures may have been made withon officeholders are required to report this information	ut the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	Ξ	
		COMMITTEE CAMPAIGN TREASURER ADDF	RESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		ICAL CONTRIBUTIONS		\$ 0.00
EXPENDITURE	,	PLEDGES, LOANS, OR GUARANTEES OF LO ZED POLITICAL EXPENDITURES	ANS)	•
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	<b>\$</b> 12,486.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS . TING PERIOD	AS OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required	
		The H	onorable E. Lee Gabrie	
			e of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
			ale 1 - 41	-1 -
		aid	, this the	day
	, _0, to v			
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	r administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

### SUBTOTALS - JC/OH

#### FORM JC/OH COVER SHEET PG 3 3 of 8

				0 01 0
18 FILER NAI Gabriel, E	ME E. Lee (The Honorable)	19 Filer ID 00020056	(Ethics Co	mmission Filers)
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	1,241.71
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

# PLEDGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE **B(J)**

			1 Total pages Sched	dule B(J):
The Inst	ruction Guide explains how to comple	te this form.	Sch: 1/1 Rpt: 4/	8
2 FILER NAME				ics Commission Filers)
Gabriel, E. Lee (	The Honorable)		00020056	
<sup>4</sup> TOTAL OF UN	IITEMIZED PLEDGES			<b>\$</b> 0.00
5 Date	6 Full name of pledgorout-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip C	Code		 
				l I
			Check if travel outs	side of Texas. Complete Schedule T.
<b>10</b> Pledgor's principal	occupation	<b>11</b> Pledgor's job title		
12 Pledgor's employe	er/law firm	<b>13</b> Law firm of pledgor's	spouse (if anv)	
<b>14</b> If pledgor is a child	d, law firm of parent(s) (if any)	1		

LOANS (J	IUDICIAL)			SCHEDULE E	(J)
The Instruction	on Guide explains how to complete this f	form.		ages Schedule E(J): '1 Rpt: 5/8	
2 FILER NAME Gabriel, E. Lee	(The Honorable)		3 Filer ID 000200	(Ethics Commission F 056	ilers)
<sup>4</sup> TOTAL OF UN	IITEMIZED LOANS			\$	0.00
5 Date of loan	7 Name of lender Out-of-state PA	AC (ID#:	)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		<ul><li>10 Interest Rate</li><li>11 Maturity Date</li></ul>	
12 Lender's Principal	Occupation	13 Lender's Job Title			
14 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)		
16 If lender is child, la	aw firm of parent(s) (if any)	1			
17 Description of Col	lateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)	
19 GUARANTOR INFORMATION	20 Name of guarantor	1		22 Amount Guarantee	d (\$)
not applicable	21 Guarantor address; City; State;	Zip Code			
23 Guarantor's Princ	pal Occupation	24 Guarantor's Job Title			
25 Guarantor's Empl	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27 If guarantor is chil	d, law firm of parent(s) (if any)				

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Date     Payee name       05/24/2023     Dollar General       Amount (\$)     Payee Address;     City; State; Zip       35.94     Gainesville, TX 76240       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required)       Date     Payee name     Office Overhead/Rental Expense     (b) Description     (See instructions regarding type of information required)       Date     Office Overhead/Rental Expense     (b) Description     (See instructions regarding type of information required)       Date     Office Overhead/Rental Expense     (b) Description     (See instructions regarding type of information required)       Date     Payee name     Sigger     Sigger       Amount (\$)     Payee Address;     City; State; Zip       23.98     Denton, TX 76205     (a) Category (See instructions for examples of acceptable categories)     (b) Description       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required)       Date     Payee name     Side instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required)       Date     Payee name     Side instructions for examples of acceptable categories)     (b) Description     (See ins	Total pages Schedule I: Sch: 1/3 Rpt: 6/8	2 FILER NAME Gabriel, E. Lee (The Honorable)	3 Filer ID (Ethics Commission Filers 00020056
S0.06     P.O. Box 81226       Seattle, WA 98108       PURPOSE CF     Control CF       Office Overhead/Rental Expense     (b) Description printer ink     Seatset (Seatset (Seatset (Seatset))       Date     Payee name       D5/24/2023     Payee Address;     City: State: Zip       S1.94     S1.94       Office Overhead/Rental Expense     (b) Description (Seatset)     (Seatset)       PURPOSE     Payee Address;     City: State: Zip       S1.94     Payee Address;     City: State: Zip       S1.94     Category (Sea instructions for examples of acceptable categories)     (b) Description     (Sea instructions regarding type of information required)       Date     Payee name     City: State: Zip     (b) Description     (Sea instructions regarding type of information required)       Date     Payee name     City: State: Zip     (b) Description     (Sea instructions regarding type of information required)       Office Overhead/Rental Expense     City: State: Zip     (Seate instructions regarding type of information required)       Date     Payee Address:     City: State: Zip     (Seate instructions regarding type of information required)       Office Overhead/Rental Expense     (b) Description     (Seate instructions regarding type of information required)       Date     Payee name     City: State: Zip     (D) Description     (Seate instructions			
PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description printer ink       (See instructions regarding type of information required printer ink         Date       Payee name       Dollar General			
EXPENDITURE     Office Overhead/Rental Expense     printer ink       Date     Payee name       05/24/2023     Dollar General       Amount (\$)     Payee Address;     City; State; Zip       35.94     5981 FM 902       Gainesville, TX 76240     Gainesville, TX 76240       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information required)       Date     Payee name     (b) Description (See instructions regarding type of information required)       03/24/2023     Kroger     For payee Address;     City; State; Zip       Amount (\$)     Payee Address;     City; State; Zip     (See instructions regarding type of information required)       06/26/2023     Payee name     (b) Description (See instructions regarding type of information required)       0ate     Payee Address;     City; State; Zip       1592 . Loop 288     Denton, TX 76205     (See instructions regarding type of information required)       0ate     Office Overhead/Rental Expense     (See instructions regarding type of information required)       0ate     Payee name     (See instructions regarding type of information required)       0ate     Payee Address;     City; State; Zip       1414 Colorado Street     Austin, TX 78701     (See instructions regarding type of information required)       PURPOSE		Seattle, WA 98108	
05/24/2023     Dollar General       Amount (\$) 35.94     Payee Address; 5981 FM 902     City; State; Zip 5981 FM 902       Gainesville, TX 76240     Gainesville, TX 76240       PURPOSE CP EXPENDITURE     Q3 Category (See instructions for examples of acceptable categories) 0/ffice Overhead/Rental Expense     (b) Description     (See instructions regarding type of information required) office supplies       Date 03/24/2023     Payee name     Kroger       Amount (\$)     Payee Address; Denton, TX 76205     City; State; Zip 1592 . Loop 288       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense     (b) Description     (See instructions regarding type of information required) stamps       Date 06/26/2023     Payee name     (See instructions regarding type of information required) stamps       Date 06/26/2023     Payee name     (See instructions regarding type of information required) stamps       Date 06/26/2023     Payee name     (See instructions regarding type of information required) stamps       Amount (\$) 335.00     Payee Address; City; State; Zip 1414 Colorado Street     (D) Description     (See instructions regarding type of information required) Annual Bar Dunes	OF		
Amount (\$)       Payee Address;       City; State; Zip         35.94       5981 FM 902         Gainesville, TX 76240         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requi         Office Overhead/Rental Expense       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requi         Date       Payee name       Kroger       Kroger         Amount (\$)       Payee Address;       City; State; Zip         23.98       Denton, TX 76205         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requi         Office Overhead/Rental Expense       Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information requi         Office Overhead/Rental Expense       Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information requi         Date       Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information requi         06/26/2023       State Bar of Texas       Amount (\$)       Payee Address;       City; State; Zip         335.00       <	Date	Payee name	
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35.94       Gainesville, TX 76240         PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description (See instructions regarding type of information requires) office supplies         Date 03/24/2023       Payee name Kroger       For examples of acceptable categories) 23.98       (b) Description (See instructions regarding type of information requires) 23.98         Denton, TX 76205       Payee Address; 0ffice Overhead/Rental Expense       (b) Description (See instructions regarding type of information requires) 3tamps         PURPOSE 0F EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description (See instructions regarding type of information requires) stamps         Date 06/26/2023       Payee name 06/26/2023       (See instructions regarding type of information requires) 335.00       Payee name 04/26/2023         Amount (\$) 335.00       Payee Address; 1414 Colorado Street Austin, TX 78701       City; State; Zip 1414 Colorado Street Austin, TX 78701         PURPOSE 0F       (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description (See instructions regarding type of information requires) Annual Bar Dues	Amount (\$)	Payee Address; City; State; Zip	
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OF EXPENDITURE     Office Overhead/Rental Expense     office supplies       Date     Payee name       03/24/2023     Kroger       Amount (\$)     Payee Address; City; State; Zip       23.98     1592 . Loop 288       Denton, TX 76205     Denton, TX 76205       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense     (b) Description (See instructions regarding type of information requite stamps       Date     Payee name       06/26/2023     State Bar of Texas       Amount (\$)     Payee Address; City; State; Zip       1414 Colorado Street     Austin, TX 78701       PURPOSE     (a) Category (See instructions for examples of acceptable categories)       0F     (a) Category (See instructions for examples of acceptable categories)			
03/24/2023       Kroger         Amount (\$)       Payee Address; City; State; Zip         23.98       1592 . Loop 288         Denton, TX 76205       Denton, TX 76205         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information require of formation req	OF		•
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23.98       1592. Loop 288         Denton, TX 76205       Denton, TX 76205         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description (See instructions regarding type of information requires) stamps         Date       Payee name         06/26/2023       State Bar of Texas         Amount (\$)       Payee Address; City; State; Zip         1414 Colorado Street       Austin, TX 78701         PURPOSE OF Fees       (a) Category (See instructions for examples of acceptable categories) Fees	03/24/2023	Kroger	
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PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description stamps       (See instructions regarding type of information required)         Date       Payee name       State Bar of Texas       Image: City; State; Zip       Image: City;	23.98	1592 . Loop 288	
OF EXPENDITURE       Office Overhead/Rental Expense       stamps         Date       Payee name			
06/26/2023       State Bar of Texas         Amount (\$)       Payee Address;       City; State; Zip         335.00       1414 Colorado Street         Austin, TX 78701       Austin, TX 78701         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description (See instructions regarding type of information require Annual Bar Dues	OF		•
06/26/2023       State Bar of Texas         Amount (\$)       Payee Address;       City; State; Zip         335.00       1414 Colorado Street         Austin, TX 78701       Austin, TX 78701         (b) Description (See instructions regarding type of information require Annual Bar Dues	Date	Payee name	
335.00     1414 Colorado Street       Austin, TX 78701       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)       (b) Description     (See instructions regarding type of information require Annual Bar Dues	06/26/2023		
Austin, TX 78701  PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require OF Fees Annual Bar Dues	Amount (\$)	Payee Address; City; State; Zip	
PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Annual Bar Dues	335.00	1414 Colorado Street	
OF Fees Annual Bar Dues		Austin, TX 78701	
	OF		•

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

03	ate	5 Davee name	
Aı	3/07/2023	5 Payee name Texas Board of Legal Specialization	
	mount (\$) 400.00	7 Payee Address; City; State; Zip 505 E. Huntland Dr. Ste. 400 LB 28	
E	PURPOSE OF XPENDITURE	Austin, TX 78752 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required Board Specialization Annual Fees
	ate 6/02/2023	Payee name Texas Center for the Judiciary - Conference Fu	ind
Aı	mount (\$) 325.00	Payee Address; City; State; Zip 1210 San Antonio Suite 800	
	PURPOSE OF	Austin, TX 78701 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required Fees for Annual Conference
E	XPENDITURE		
	ate 6/05/2023	Payee name Tiger Mart #25	
Aı	mount (\$) 40.83	Payee Address; City; State; Zip 112 S. McLennan Dr. Elm Mott, TX 76640	
E	PURPOSE OF XPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required gas to attend education event at Baylor Law School
	ate 5/01/2023	Payee name Walmart	
Aı	mount (\$) 15.45	Payee Address; City; State; Zip 1800 Lawrence Street	
		Gainesville, TX 76240	
E	PURPOSE OF XPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required printer paper

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Total pages Schedule I:

15.45

Sch: 3/3 Rpt: 8/8

01/17/2023

PURPOSE

OF EXPENDITURE

Amount (\$)

1

6

8

4 Date

The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Gabriel, E. Lee (The Honorable) 00020056 Payee name 5 Walmart 7 Payee Address; City; State; Zip 1800 Lawrence Street Gainesville, TX 76240 (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Office Overhead/Rental Expense printer paper

SCHEDULE I