FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 96 00067893 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Dr. Greg Bonnen Date Received **ELECTRONICALLY FILED** 01/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1183 Date Hand-delivered or Date Postmarked Change of Address Friendswood, TX 77549-1183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kim NAME NICKNAME LAST **SUFFIX** Bonnen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 405 David Street STREET **ADDRESS** (Residence or Business) Friendswood, TX 77546 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 405 David Street MAILING **ADDRESS** Friendswood, TX 77546 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 993-2846 PHONE REPORT X January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED **THROUGH** 12/31/2023 07/01/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		1	L3 Filer ID	(Ethics Co	mmission Filers)
Friends of Dr. Greg Bon	nen		00067893		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Dr. James Bonnen, State Representative,	District 24 M	I.D.	
(Attach lists on plain	Candidate				
paper to complete this report if necessary.)					
,	X Officeholder				
		State Representative			
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
			Month	Day	Year
OPPOSE (Candidate or Measure)					
	Measure				
X ASSIST		DESCRIPTION			
(Officeholder)					
45 CONTRIBUTION	4 TOTAL POLITICAL CON	TOURITIONS OF \$50 OR LESS (OTHER THAN	DIEDOEG	1	
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE	PLEDGES,	 	\$0.00
	ELECTRONICALLY), UN	ILESS ITEMIZED		[φο.σσ
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$327,987.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES		s	#0.00
1017120				*	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		1	
	- TOTAL TOLINOAL L	A LABITORES		\$	\$130,965.18
CONTRIBUTION	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST [DAY OF THE		
BALANCE	REPORTING PERIOD			\$	\$1,524,441.10
OUTSTANDING	6 TOTAL DRINGIDAL AMO	OUNT OF ALL OUTSTANDING LOANS AS OF T	HEIAST	<u> </u>	
LOAN TOTALS	DAY OF THE REPORTIN		HE LAST	\$	\$450,000.00
					,,
16 AFFIDAVIT				•	
10 ALLIDAVII		I swear, or affirm, under penalty of perju			
		and correct and includes all information Title 15, Election Code.	required to be	reported by	/ me under
		20, 2.00.0 0000.			
		Mrs. Kim	Bonnen		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Can	npaign Treasur	er	
		, th	is the		day
of	, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer adr	ministering oath Prin	ted name of officer administering oath	Title of office	er administ	ering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3 3 of 96

					0 01 00
17 CO	MMITTE	EE NAME	18 Filer ID	(Eth	ics Commission Filers)
Frie	ends of	Dr. Greg Bonnen	00067893		
		SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF S	SCHEDULE		ــــــ	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	322,092.82
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	5,895.00	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	·R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
7.	Х	SCHEDULE E: LOANS		\$	450,000.00
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	130,965.18
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	5,319.00

	MONET	ARY POLITICAL (SCHEDU	LE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/30 Rpt: 4/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	ion Filers)
4	Date 12/09/2023	 Full name of contributor ABBOTT Laboratories En Contributor address; City; S 		000040279)	7	Amount of Contribution (\$)	\$750.00
		Abbott Park, IL 60064-602					
8	Principal occu	pation / Job title (See Instructions	·)	9 Employer (See Instructions	5)		
	Date 12/26/2023	Full name of contributor AbbVie PAC Contributor address; City; S	x out-of-state PAC (ID#: C	000536573)		Amount of Contribution (\$)	\$2,000.00
	Defectional	N. Chicago, IL 60064	`	Formless of (Co. a. brothwesting of	Ĺ		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/18/2023	Full name of contributor Adams, Neal W. (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,500.00
		Bryan, TX 78707					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Adams, Lynch Loftin, P	•	>	
	Date 11/15/2023	Full name of contributor Allen Boone Humphries F Contributor address; City; S Houston, TX 77027)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor Aplin III, Arch Contributor address; City; S Lake Jackson, TX 77566	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$25,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Buc-ee's	i)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/30 Rpt: 5/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/16/2023	5 Full name of contributor Arenaz, Pablo6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
_		Laredo, TX 78041	, 10		<u></u>		
8	Principal occu President	pation / Job title (See Instructions	9	Employer (See Instructions Texas A&M University In		rnational	
	Date 12/01/2023	Full name of contributor Avery, Richard Contributor address; City; St)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Bryan, TX 77807 pation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u>		
	Director			Texas A & M Agrilife Ex	ten	sion	
	Date 11/15/2023	Full name of contributor BP North America Employ Contributor address; City; St)		Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77079					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 12/26/2023	Full name of contributor BSD NIUHL Contributor address; City; St Hollywood, FL 33021	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	(;)	Employer (See Instructions	5)		
	Date 12/09/2023	Full name of contributor Bailey, Shawn Contributor address; City; St League City, TX 77573	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
	Principal occu President/CE	pation / Job title (See Instructions EO	5)	Employer (See Instructions AMOCO Fed. Credit Un			
			1				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	iS .	SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	n.	1 Total pages Schedule A1: Sch: 3/30 Rpt: 6/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3 Filer ID (Ethics Commission F 00067893	ilers)
4	Date 11/19/2023	5 Full name of contributor Berthelot, Iris 6 Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code		7 Amount of Contribution (\$) \$2	,500.00
_	71 1 1	Houston, TX 77056		- 100 Lastonation		
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Laser Midstream Energy		
	Date 12/23/2023	Full name of contributor Bivins, Mark Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	\$500.00
	Principal occu	Amarillo, TX 79105 pation / Job title (See Instructions)		Employer (See Instructions)	
	Rancher			Corsino Cattle Company	/	
	Date 11/16/2023	Full name of contributor Blair, Trace Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)	Amount of Contribution (\$)	\$50.00
		Pleasanton, TX 78064				
	Principal occu Lawyer	ppation / Job title (See Instructions)		Employer (See Instructions Wigington Rumley Dunn	,	
	Date 11/16/2023	Full name of contributor Blair, Trace Contributor address; City; Stat)	Amount of Contribution (\$)	\$50.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Wigington Rumley Dunn		
	Date 12/01/2023	Full name of contributor Boleman, Larry Contributor address; City; Stat College Station, TX 77845	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	Principal occu Owner Opera	pation / Job title (See Instructions) ator		Employer (See Instructions Boleman Cattle Ranch)	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/30 Rpt: 7/96	
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/09/2023	Full name of contributor Bourgeois MD, Keith Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$250.00
8	Principal occu Physician	Houston, TX 77005 pation / Job title (See Instructions)	9	Employer (See Instructions Downtown Eye Associate			
	Date 11/21/2023	Full name of contributor Bradshaw, Casey W Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Consolidated Beef	<u> </u> 5)		
	Date 10/13/2023	Full name of contributor Breeze, Juliet (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,401.50
	Principal occu	Thompson, TX 77481 pation / Job title (See Instructions)		Employer (See Instructions Next Level Medical	<u> </u> 5)		
	Date 12/23/2023	Full name of contributor Brewer, Jim Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions J-Brex Company	5)		
	Date 12/01/2023	Full name of contributor Brown, Mark Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Republic Home Building			

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/30 Rpt: 8/96	
2	FILER NAME Friends of D	r. Greg Bonnen				3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/23/2023	5 Full name of contributor Byrnes, Stan6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$500.00
_		Dimmitt, TX 79027		_				
8	Principal occu President	pation / Job title (See Instruction	s)	9	Employer (See Instructions Frontier Capital Group	5)		
	Date 12/18/2023	Full name of contributor Centerpoint Energy INC Contributor address; City; S)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77210 pation / Job title (See Instruction	s)		Employer (See Instructions	 s)		
	'		,			,		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:) Chadwick, Michael Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$500.00	
		Houston, TX 77019						
	Principal occu President	pation / Job title (See Instruction	s)		Employer (See Instructions Chadwick Capital	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Chapman, Summer Contributor address; City; State; Zip Code Texas City, TX 77590			•	Amount of Contribution (\$)	\$500.00		
	•	pation / Job title (See Instruction tive Assistant	s)		Employer (See Instructions AAMOCO	5)		
	Date 12/30/2023	Full name of contributor Cigna Corporation PAC Contributor address; City; S Philadelphia, PA 19192	x out-of-state PAC (ID#: C	000	085316)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 6/30 Rpt: 9/96	
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/09/2023		out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$480.30
8	Principal occu	College Station, TX 77845 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Agency Direct		9	Texas A & M University)		
	Date 11/16/2023	Full name of contributor Colston, Bill Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$960.60
	<u> </u>	Riviera, TX 78379					
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/09/2023	Full name of contributor x out-of-state PAC (ID#: C00248716) Comcast Corporation and NBC Universal PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3,500.00
		Philadelphia, PA 19103	,				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/23/2023	Full name of contributor Cornett, Stephen Contributor address; City; State; Canyon, TX 79015)		Amount of Contribution (\$)	\$500.00
	Principal occu Editor Emeri	pation / Job title (See Instructions)		Employer (See Instructions Beef Today)		
	Date 12/01/2023	Full name of contributor Cox, Joseph Contributor address; City; State; Belton , TX 76513	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Belton Real Estate)		

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/30 Rpt: 10/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commissi 00067893	on Filers)
4	Date 11/16/2023	 5 Full name of contributor Crites, Anthony 6 Contributor address; City; St 			7	Amount of Contribution (\$)	\$384.24
_	Dringing con	College Station, TX 77854		Employer (Cap Instructions	<u></u>		
o	Deputy Ager	pation / Job title (See Instructions ncv Director)	9 Employer (See Instructions Texas AM Engineering I		ension Service	
	Date 12/09/2023	Full name of contributor Cross Oak Group Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	<u> </u>	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701			<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 11/21/2023	Full name of contributor Davis, Al Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Bryan, TX 77802					
	Principal occu Forester	pation / Job title (See Instructions)	Employer (See Instructions TAMUS AgriLife	s)		
	Date 12/09/2023	Full name of contributor Deason, Darwin Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10,000.00
	Principal occu Chairman	pation / Job title (See Instructions)	Employer (See Instructions Deason Capital Services			
	Date 12/09/2023	Full name of contributor Deason, Doug Contributor address; City; St Dallas, TX 75229	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Deason Capitol Services			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1		
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 8/30 Rpt: 11/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	n Filers)
4	Date 12/23/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00
_		Friona, TX 79035	_		_		
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Blue Sky Farms	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Diebel, Stephen Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$500.00
		Victoria, TX 77904	_		<u></u>		
				Employer (See Instructions Diebel Cattle Company	S)		
	Date 11/15/2023	Full name of contributor		•	Amount of Contribution (\$)	\$500.00	
		Houston, TX 77042	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date 12/09/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Physician	Houston, TX 77005 pation / Job title (See Instructions)		Employer (See Instructions Kirby Oaks Medical Gro			
	Date 10/22/2023	Full name of contributor X out-of-state PAC (ID#: SEMPLOYEES OF Raytheon Technologies PAC Contributor address; City; State; Zip Code Arlington, VA 20004	<u></u>	0097568)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONT	S		SCHEDU	LE A1	
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 9/30 Rpt: 12/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commissi 00067893	on Filers)
4	Date 07/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10,000.00
_		Austin, TX 78734					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 12/09/2023	Focused Advocacy PAC Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701-2402 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/15/2023	Full name of contributor out-of-Garver, C.M. Contributor address; City; State; Zip Contributor, TX 77055	state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Garver Real Estate)		
	Date 12/01/2023	Gehring, Kerri	state PAC (ID#:)		Amount of Contribution (\$)	\$800.00
	Principal occu Vice Chance	pation / Job title (See Instructions) Illor		Employer (See Instructions Texas A & M University)		
	Date 11/04/2023	Full name of contributor out-of- Greater Houston Builders HOME-F Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL C		SCHEDUI	E A1		
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 10/30 Rpt: 13/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/16/2023	5 Full name of contributor [Grotta, James6 Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Physician	,		Memorial Hermann	,		
	Date 11/15/2023	Full name of contributor [Gulf States Toyota Inc. Sta Contributor address; City; Sta				Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77077	<u>, </u>				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/09/2023	Full name of contributor [Gustafson, Theresa Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$240.15
		Friendswood, TX 77546					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Enterprise Products	i)		
	Date 12/01/2023	Full name of contributor Hill, Marcus Contributor address; City; Sta Watauga, TX 76148	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions) Human Resources		Employer (See Instructions Hill Brothers Land Com		ny, LLC	
	Date 11/12/2023	Full name of contributor Hopping Eye Associates Contributor address; City; Sta Houston, TX 77058				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/30 Rpt: 14/96				
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)			
4	Date 12/09/2023	5 Full name of contributor Houston Heart Centre6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$200.00			
8	Principal occu	Houston, TX 77082 pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)					
	Date 12/09/2023	Full name of contributor Houston Neurocare Contributor address; City; S Houston, TX 77030				Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)					
	Date 11/15/2023	Full name of contributor Houston Pilots PAC Fund Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,500.00			
	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions	;)	Employer (See Instructions	5)					
	Date 11/28/2023	Full name of contributor Howard, Mike Contributor address; City; S San Antonio, TX 78209	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00			
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Howard Energy Partners						
	Date 12/23/2023	Full name of contributor Hughes, Mike Contributor address; City; S Amarillo, TX 79159				Amount of Contribution (\$)	\$500.00			
	Principal occu President	pation / Job title (See Instructions	· · · · · · · · · · · · · · · · · · ·	Employer (See Instructions FMC Services)					

	MONET	ARY POLITICAL CO		SCHEDUI	LE A1		
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 12/30 Rpt: 15/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/16/2023	5 Full name of contributor IBC State PAC 6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$1,500.00
_	Daine in all account	San Antonio, TX 78205	T _o .	Faralassa (Caralassa taratassa tara			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date 12/09/2023	Full name of contributor Jackson Walker, LLP PAC Contributor address; City; Stat				Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75202-3748					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/09/2023	Full name of contributor Joiner, Carl (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Kemah, TX 77564					
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Joiner Partnership, Inc.	5)		
	Date 07/15/2023	Full name of contributor Junior and Community Colle Contributor address; City; Stat Austin, TX 78701	_			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 11/12/2023	Full name of contributor Kathy, Britton Contributor address; City; Stat Houston, TX 77019	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$960.60
	Principal occu Executive Cl	pation / Job title (See Instructions) nair		Employer (See Instructions Perry Homes	i)		
			1				

	MONET	ARY POLITICAL CONTR	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 13/30 Rpt: 16/96	
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 11/16/2023	 5 Full name of contributor out-of-star			7	Amount of Contribution (\$)	\$4,803.00
8	Dringinal occu	Victoria, TX 77904 pation / Job title (See Instructions)	lo lo	Employer (See Instructions			
•	Car Dealer	pation / Job title (See Instructions)		Port Lavaca Ford	,		
	Date 11/21/2023	King, Linda				Amount of Contribution (\$)	\$1,000.00
	District	Commerce , TX 75428		Farabasa (Osabasa tanati			
	Administrato	pation / Job title (See Instructions) r		Employer (See Instructions Tx AM Univ-Commerce)		
	Date 12/01/2023	Full name of contributor out-of-sta Klein, Patricia Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		College Station, TX 77845					
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Texas A & M University)		
	Date 12/09/2023	Koncaba, Kenneth)		Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Chase Bank)		
	Date 12/09/2023	Laine, Dale	te PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Laine Strategy GroupLL			
			I				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 14/30 Rpt: 17/96
2	FILER NAME Friends of Di	. Greg Bonnen			3	Filer ID (Ethics Commission Filers) 00067893
4	Date 12/01/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$1,000.00
		College Station, TX 77845	_			
8	Principal occu Director	pation / Job title (See Instructions)	9	Employer (See Instructions Texas A & M University	5)	
	Date 11/16/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$500.00
	Principal occu	College Station, TX 77854 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u> ;)	
	State Employ			Texas AM Engineering I		ension Service
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#: Leach, Timothy Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$10,000.00
		Midland, TX 79705	_			
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Conoco Phillips	5) 	
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#: Lewis, Roxan Contributor address; City; State; Zip Code League City, TX 77573				Amount of Contribution (\$) \$520.51
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#: Lhatoo, Sam Contributor address; City; State; Zip Code Houston, TX 77030)		Amount of Contribution (\$) \$250.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann	5)	
			•			

	MONET	ARY POLITICAL CONTRIBUT		LE A1			
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 15/30 Rpt: 18/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 11/12/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78760					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (Livingston, Tina Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$960.60
		Rockwall, TX 75087					
	Vice Preside	pation / Job title (See Instructions) nt and CFO		Employer (See Instructions Texas A & M University	5)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (Lloyd Gosselink Rochelle and Townsend , F Contributor address; City; State; Zip Code	P.C.			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (Long, Nick Contributor address; City; State; Zip Code League City, TX 77573)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions Gallagher Benefit Service	•		
	Date 12/09/2023	Full name of contributor out-of-state PAC (MOAK Casey PAC Contributor address; City; State; Zip Code Austin, TX 78746-5776	ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 16/30 Rpt: 19/96	
2	FILER NAME	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/05/2023	Full name of contributor Mahomes, Bill Contributor address; City; Signature	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,200.00
		Dallas, TX 75379					
8	Principal occu Lawyer	pation / Job title (See Instructions	9	Employer (See Instructions Bracewell	5)		
_	Date	Full name of contributor	out-of-state PAC (ID#:	```	Г	Amount of Contribution (\$)	
	12/09/2023		U out-of-state PAC (ID#)		Amount of Contribution (\$)	\$1,000.00
	12/09/2023	Masters, Ron					\$1,000.00
		Contributor address; City; S	tate; Zip Code				
		Dickinson, TX 77539					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	CEO			Maxim Group			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/09/2023	Mathis, James	out of state 1710 (1511	,		7 anount of Continuous (+)	\$1,000.00
	12/00/2020		tato: Zin Codo				Ψ1,000.00
		Contributor address; City; S	late, Zip Code				
		Cedar Park, TX 78613					
_	Drincinal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	· /		
	General Par) 	Carriage House Partner			
_					<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/16/2023	McCormick, Philip					\$500.00
		Contributor address; City; S	tate; Zip Code				
		Houston, TX 77025					
	Drincinal occu	pation / Job title (See Instructions	2)	Employer (See Instructions	·/		
	CPA	pation / Job title (See instructions)	McCormick Accountants			
					, —		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2023	McCullough, Louise					\$500.00
		Contributor address; City; S					
		Considered TV 77.470					
	Deliver 1 1	Sugarland, TX 77479	<u>, </u>	Franks (O. J. i. i.	<u></u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physician			Memorial Hermann			

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/30 Rpt: 20/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/26/2023	5 Full name of contributorMcGuire Woods Federal F6 Contributor address; City; St		_	7	Amount of Contribution (\$)	\$500.00
		Richmond, VA 23219					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/04/2023	Full name of contributor Miller, Diana Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77056 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Lawyer	pation / 300 title (See instructions	,	Schwartz, Page and Ha		ng, LLP	
	Date 12/09/2023	Full name of contributor Monday, Kimberly (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	-	Amount of Contribution (\$)	\$5,000.00
		Pasadena, TX 77504					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date 12/16/2023	Full name of contributor Moore, Patricia Contributor address; City; St Friendswood, TX 77546				Amount of Contribution (\$)	\$200.00
	Principal occu Vice Preside	pation / Job title (See Instructions ent	5)	Employer (See Instructions Verde Wealth Group	s)		
	Date 12/09/2023	Full name of contributor NCHA's Texas Events PA Contributor address; City; St Fort Worth, TX 76107)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/30 Rpt: 21/96
2	FILER NAME	r. Greg Bonnen			3	Filer ID (Ethics Commission Filers) 00067893
L					L	
4	Date 12/09/2023	5 Full name of contributor NRG Energy PAC	out-of-state PAC (ID#: C	(G0366559)	7	Amount of Contribution (\$) \$3,000.00
		6 Contributor address; City; S	tate; Zip Code			
		Princeton, NJ 08540-621	3			
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)	
_	Date	Full name of contributor	Out of state DAC (ID#)		Г	Amount of Contribution (\$)
	11/29/2023	NYE, Erle	out-of-state PAC (ID#:			\$10,000.00
	11/23/2020	Contributor address; City; S	tate: 7in Code			Ψ10,000.00
		Contributor address, City, S	tate, zip oode			
		Dallas, TX 75225				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
	Consultant			EN Consulting		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/04/2023	Nau III, John L.				\$10,000.00
		Contributor address; City; S	tate; Zip Code		1	
	Delevieral	Houston, TX 77219	- \	Formula de la la descrita de	<u></u>	
	•	pation / Job title (See Instructions d Chief Executive Officer	5)	Employer (See Instructions	5)	
				Silver Eagle Distributor	_	
	Date	Full name of contributor	x out-of-state PAC (ID#: C			Amount of Contribution (\$)
	10/30/2023	Organon & Co. Employee		ittee 		\$500.00
		Contributor address; City; S	tate; Zip Code			
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
_	5 :			22224222	_	A (Q 'l' . (A)
	Date	Full name of contributor PFIZER PAC	x out-of-state PAC (ID#: C	.00016683		Amount of Contribution (\$) \$1,000.00
	12/09/2023		**************************************			\$1,000.00
		Contributor address; City; S	tate; Zip Code			
		New York, NY 10001				
Г	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
L						

	MONET	ARY POLITICAL C	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 19/30 Rpt: 22/96	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/09/2023	5 Full name of contributor Patel, Ranjit 6 Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code)	7	Amount of Contribution (\$)	\$480.30
8	Principal occu	Houston, TX 77059 pation / Job title (See Instructions)	la.	Employer (See Instructions	_		
0	Physician Physician	pation / 300 title (See instructions)		NP Genetics LLC	')		
	Date 12/23/2023	Full name of contributor Piehl, Helen Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing aggr	Amarillo, TX 79105		Employer (Coo Instructions			
	President	pation / Job title (See Instructions)		Employer (See Instructions Hb Realty Co.)		
	Date 11/16/2023	Full name of contributor Plank, Michael Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$9,606.00
		Houston, TX 77024					
	Principal occu Chairman/Cl	pation / Job title (See Instructions) EO		Employer (See Instructions The Plank Companies	i)		
	Date 11/21/2023	Full name of contributor Political Action Committee Contributor address; City; Stat Dallas, TX 75201				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/23/2023	Full name of contributor Railsback, GD Contributor address; City; State Amarillo, TX 79121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		

	MONET	ARY POLITICAL C		SCHEDUI	E A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 20/30 Rpt: 23/96	
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/09/2023	5 Full name of contributor Rebello, Elizabeth6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8		Houston, TX 77005 pation / Job title (See Instructions	9	Employer (See Instructions	<u> </u> S)		
	Date 12/04/2023	Full name of contributor Rhodes, Richard Contributor address; City; St Austin, TX 78732	ate; Zip Code	MD Anderson		Amount of Contribution (\$)	\$2,000.00
	Principal occu President	pation / Job title (See Instructions	(i)	Employer (See Instructions Texas A & M Central Ur		ersity	
	Date 12/09/2023	Full name of contributor Riceland Consulting Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Eagle Lake, TX 77434 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 12/09/2023	Full name of contributor Richards, Jeffrey Contributor address; City; St League City, TX 77573)		Amount of Contribution (\$)	\$250.00
	Principal occu Anesthesiolo	pation / Job title (See Instructions)	Employer (See Instructions UTMB	<u>l</u> S)		
	Date 12/09/2023	Full name of contributor Roberts, Erica Contributor address; City; St Friendswood, TX 77546	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Medical Doc	pation / Job title (See Instructions tor)	Employer (See Instructions Friendswood Womens	5)		
			1				

	MONET	ARY POLITICAL CONTRI	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 21/30 Rpt: 24/96	
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/23/2023	 Full name of contributor out-of-state out-of-state Rogers, Dyke Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$500.00
_	Deinainal accu	Dalhart, TX 79022-0128	lo lo	Francisco (Con Instructions			
8	Real estate E	pation / Job title (See Instructions) Broker	9	Employer (See Instructions Brinkley Real Estate)		
	Date 12/26/2023	Rowling, Robert				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions			
	CEO	pation / sob tale (see instructions)		TRT Holdings	,		
	Date 11/22/2023	Full name of contributor	e PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Dringing! goog	Commerce, TX 75428		Employer (See Instructions			
	Administrato	pation / Job title (See Instructions) r		Employer (See Instructions TAMUC)		
	Date 12/01/2023	Savell, Jeffrey)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Vice Chance	pation / Job title (See Instructions) Illor		Employer (See Instructions Texas A & M University)		
	Date 12/23/2023	Full name of contributor out-of-state Schaeffer, David Contributor address; City; State; Zip Code Dimmitt, TX 79027	e PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu MD	pation / Job title (See Instructions)		Employer (See Instructions Wolfson Children's Hosp		I	
			,				

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 22/30 Rpt: 25/96
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission Filers) 00067893
4	Date 12/23/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$500.00
0	Dringing coou	Amarillo, TX 79119	ام	Employer (See Instructions	<u></u>	
8	Accounting	pation / Job title (See Instructions)	9	Employer (See Instructions West Texas A & M	5)	
	Date 12/04/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)	
	Managing Pa	artner		Americus Holdings		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID: Schiess, Mya Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$) \$1,000.00
		Houston, TX 77005				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Physicians	5)	
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID: Seidel, Vic Contributor address; City; State; Zip Code College Station, TX 77845)		Amount of Contribution (\$) \$800.00
	Principal occu Vice Chance	pation / Job title (See Instructions) llor		Employer (See Instructions Texas A & M University	s)	
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID: Sharp, John Contributor address; City; State; Zip Code College Station, TX 77840)		Amount of Contribution (\$) \$10,000.00
	Principal occu Chancellor	pation / Job title (See Instructions)		Employer (See Instructions Texas A & M	s)	
			1			

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 23/30 Rpt: 26/96	
2	FILER NAME	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
_					Ļ		
4	Date 12/01/2023	5 Full name of contributor Shook, Craig6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	'	Amount of Contribution (\$)	\$250.00
		Aransas Pass, TX 78336					
8	Principal occu President	pation / Job title (See Instructions	9	Employer (See Instructions Shook Vineyards	s)		
	Date 12/01/2023	Full name of contributor Skaggs, Chris Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$800.00
		Bryan, TX 77805-3668					
		pation / Job title (See Instructions ellor/ Professor)	Employer (See Instructions Texas A & M University			
	vice Charice	illol/ Fluiessui		Texas A & W Offiversity	_		
	Date 12/01/2023	Full name of contributor Skaggs, Jason Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
		Fort Worth, TX 76132					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	nt		Texas and Southwester	n C	Cattle Raisers Association	
	Date 10/25/2023	Full name of contributor Stedman, Stuart W. (Mr.) Contributor address; City; St Houston, TX 77019	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9,606.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Stedman West Interests		nc.	
	Date 12/04/2023	Full name of contributor Sun, Visset Contributor address; City; St Houston, TX 77059	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions Hopping Eye Associates			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/30 Rpt: 27/96	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
		r. Greg Bonnen		Ļ	00067893	
4	Date 12/23/2023	5 Full name of contributor out-of-state PAC (ID#: Sutton, Eddie)	7	Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79119				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	CPA	,	Stanley Schaefer and A		ociates	
	Date	Full name of contributor		$\overline{}$		
	11/15/2023	Full name of contributor out-of-state PAC (ID#: Swinbank, Joseph			Amount of Contribution (\$)	\$1,000.00
	11/13/2023					Φ1,000.00
		Contributor address; City; State; Zip Code				
	Dringing agg	Houston, TX 77043	Employer (See Instructions	c) 		
	Principal occu President	upation / Job title (See Instructions)	CBTX, Inc	5)		
	Fiesidelit		CDTX, IIIC	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/28/2023	Swinford, Amy				\$1,000.00
		Contributor address; City; State; Zip Code				
		College Station, TX 77845				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Director	(200	, - ,	-	cal Diagnostic Laboratory	
	Data	Full manner of contributors		_		
	Date	Full name of contributor out-of-state PAC (ID#:	^^		Amount of Contribution (\$)	#2.000.0
	09/17/2023	TEXAS SOCIETY OF ANESTHESIOLOGISTS P	-			\$2,000.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78701-1680				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> s)		
	·	, ,	, , ,			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	09/29/2023	TEXAS SOCIETY OF ANESTHESIOLOGISTS P	AC			\$2,500.00
		Contributor address; City; State; Zip Code		1		
		, , , , , , , , , , , , , , , , , , ,				
		AUSTIN, TX 78701-1680				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/30 Rpt: 28/96
2	FILER NAME Friends of D	r. Greg Bonnen		3	Filer ID (Ethics Commission Filers) 00067893
4	Date 12/22/2023	5 Full name of contributor out-of-state PAC (ID#:_ TREPAC Texas Association of Realtors PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$2,500.00
_		Austin, TX 78682-2246			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
	Date 08/18/2023	Full name of contributor out-of-state PAC (ID#:_ Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#:_ Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#:_ Texas A & M PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life PAC Contributor address; City; State; Zip Code Austin, TX 78754			Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
		·			

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/30 Rpt: 29/96
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission Filers) 00067893
4	Date 12/09/2023	 5 Full name of contributor Texas Chemical Council/A 6 Contributor address; City; Sta 			7	Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701-1586				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)	
	Date 10/30/2023	Full name of contributor Texas Cornerstone Credit Contributor address; City; Sta)		Amount of Contribution (\$) \$2,500.00
		Dallas, TX 75265				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/17/2023	Full name of contributor Texas Dental Association Contributor address; City; Sta				Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 12/09/2023	Full name of contributor Texas Homecare & Hospic Contributor address; City; Sta				Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 12/09/2023	Full name of contributor Texas Medical Association Contributor address; City; Sta)		Amount of Contribution (\$) \$15,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 27/30 Rpt: 30/96	
2	FILER NAME Friends of Di	. Greg Bonnen		3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 12/09/2023	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78702				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (III The Beer Alliance PAC Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	18)		
	i illoipai oooa	sadon, cos da (cos mondono)	Employer (God moudouons	.5)		
	Date 10/22/2023	Full name of contributor X out-of-state PAC (III The Boeing Company PAC Contributor address; City; State; Zip Code	D#: <u>C00142711</u>)		Amount of Contribution (\$)	\$1,500.00
		Arlington, VA 22202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID) The Chickasaw Nation Contributor address; City; State; Zip Code Ada, OK 74820))		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (III The Independent Insurance Agents of Texas Contributor address; City; State; Zip Code Austin, TX 78768	PAC		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			- 1			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 28/30 Rpt: 31/96	
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 11/16/2023	5 Full name of contributor)	7	Amount of Contribution (\$)	\$9,606.00
_	D: : 1	Victoria, TX 77901					
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions C.L. Thomas LLC)		
	Date 11/19/2023	Full name of contributor Timmerman, Timothy Contributor address; City; State				Amount of Contribution (\$)	\$960.60
	Principal occu	Austin, TX 78746		Employer (See Instructions			
	Real Estate	pation / Job title (See Instructions)		Timmerman Capital)		
	Date 12/09/2023	Full name of contributor Trochesset, Henry Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$500.00
		Santa Fe, TX 77510					
	Principal occu Sheriff	pation / Job title (See Instructions)		Employer (See Instructions Galveston County)		
	Date 12/23/2023	Full name of contributor Trotter, Johnny Contributor address; City; State Hereford, TX 79045	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions XLC Feeders Inc.)		
	Date 12/09/2023	Full name of contributor Tucker, Weston Contributor address; City; State Houston, TX 77006	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$192.12
	Principal occu General Cou	pation / Job title (See Instructions)		Employer (See Instructions AAMOCO)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/30 Rpt: 32/96	
2	FILER NAME Friends of D	. Greg Bonnen		3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 11/15/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00
		San Antonio, TX 78288-0453				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/09/2023	Full name of contributor X out-of-state PAC (ID#: C Union Pacific Corp Fund for Effective Govermen Contributor address; City; State; Zip Code Washington, DC 20005	t		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/26/2023	Full name of contributor x out-of-state PAC (ID#: C Walgreen CO PAC; Contributor address; City; State; Zip Code	000160770)		Amount of Contribution (\$)	\$250.00
	Principal occu	Washington , DC 20005-4764 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/16/2023	Full name of contributor out-of-state PAC (ID#:_ Walker, Bradley Contributor address; City; State; Zip Code Kingsville, TX 78364			Amount of Contribution (\$)	\$250.00
	Principal occu Administrato	pation / Job title (See Instructions)	Employer (See Instructions Texas A& M Kingsville)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Ware, Richard Contributor address; City; State; Zip Code Amarillo, TX 79105			Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Amarillo National Bank)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/30 Rpt: 33/96	
2	FILER NAME Friends of D	r. Greg Bonnen		3	Filer ID (Ethics Commission 00067893	n Filers)
4	Date 12/09/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Bellaire, TX 77401 pation / Job title (See Instructions)	9 Employer (See Instructions	?) 		
_	Clinical Profe		UT Health Houston	,		
	Date 12/26/2023	Full name of contributor			Amount of Contribution (\$)	\$500.00
		Austin, TX 78703				
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Travis Materials Weynar		Company Management, L.	L.C.
	Date 10/30/2023	Full name of contributor)		Amount of Contribution (\$)	\$480.30
		Houston, TX 77046				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#: Wright, Crystal Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$250.00
	Principal occu Anesthesiolo	pation / Job title (See Instructions) ogist	Employer (See Instructions University of Texas MD		derson	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 34/96			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	or. Greg Bonnen		00067893			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
11/06/2023	Eichler, Shera (Mrs.)		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$295.00 Costs associated with invitation email distribution			
			for Dec 6 fundraiser			
			!			
	Austin, TX 78703		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
Principal		Purple Sage Strate	egies, LLC			
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 out-of-state PAC (ID#:	\	Amount of In-kind contribution			
12/18/2023	Eichler, Shera (Mrs.)		contribution (\$) description			
12/10/2023			\$350.00 Email Invitation			
	Contributor address; City; State; Zip Code		Distribution for fundraiser			
			held at Austin Club			
	Austin, TX 78703		marrie 1			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)			
Principal	Aparion 7 dob title (1 dr. 11dr 1 ddb 1 dr. 12) (1 dd mediaeth)	Purple Sage Strate	,			
	principal occupation (FOR JUDICIAL)	Contributor's job title				
Contributor 3	principal occupation (i or ooblowle)	Continuator 3 job title	(1 OT GODION L) (God mendedency			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
Contributors	employer/law lifti (i OK 30DICIAL)	Law IIIII of Contribute	of 3 spouse (ii arry) (i ort sobicial)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
ii contributor	is a child, law littl of parent(s) (if any) (FOR JODICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description			
10/30/2023	Locke Lord LLP		\$5,000.001 Fundraiser Fee			
	Contributor address; City; State; Zip Code		Toposition in an anison is so			
			i			
	B. II. TV 75004		_			
	Dallas, TX 75201	1	Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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	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: 35/96 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of Dr. Greg Bonnen 00067893 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/15/2023 TREPAC/Texas Association of Realtors PAC \$250.00 Advertising for fundraising 7 Contributor address; City; State; Zip Code event in support of Representative Greg Bonnen for HD 24 Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (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)

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to co	mplete this f	orm.	1	ges Schedule E: 1 Rpt: 36/96
2	FILER NAME Friends of Dr. G	reg Bonnen			3 Filer ID 000678	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I	\$
5	Date of loan 07/01/2023	7 Name of lender Bonnen, James Gregory	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$450,000.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Friendswood, TX 77546				11 Maturity Date
12	Principal occupation NeuroSurgeon	on / Job title (See Instructions)		13 Employer (See Instr Self	uctions)	
14	Description of Coll X None	ateral		15 Check if personal fu	nds were deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instr	uctions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)	_
•	Sch: 1/58 Rpt: 37/96	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	
	09/01/2023	4Imprint	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$175.00	101 Commerce St	
		Oshkosh, WI 54901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Printing of Magnets	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	07/24/2023	AT&T Services	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	` ,		
	\$150.00	PO Box 204089	
		Austin, TX 78720	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Internet Service for Representative Bonnen's Austi	n
		Apartment	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
H	Date	Dayaa nama	=
		Payee name ATRI Sonicos	
	08/11/2023	AT&T Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.23	PO Box 204089	
		Austin, TX 78720	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		August Internet Payment for Representative	
		Bonnen's Austin Apartment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	strict category not listed above)	
				The Instruction G	uide explains h	ow to coi	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	s)
	Sch: 2/58 Rpt: 38/96		Friends of D	r. Greg Bonner	ו					00067893		
4	Date	5	Payee name									
	09/13/2023		AT&T Service	ces								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00	l	PO Box 204	089								
		l										
			Austin, TX 7	8720								
8	PURPOSE	(a)		e Categories listed at t	ho top of this sohos	dulo)	(b)	Description				
	OF	``		e calegories listed at t nead/Rental Ex		uule)	(- ,	:	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	l	Onice Oven	icaa/remai Ex	perioe			_		officeholder living		
		l						September In	iter	net Bill for S	State Rep Bonnen's	
		l						Austin Apartm	ner	nt		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/12/2023		AT&T Service	ces								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$40.26	l	PO Box 204	089								
			Austin, TX 7	8720								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	l		nead/Rental Ex		,		Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE	l						ш		officeholder living		
									nse	e for Repres	entative Bonnen's Au	ıstin
								Apartment				
	Complete ONLY if direct		Candidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/01/2023		Ace Hardwa	re								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de			-		
	\$124.00	l	2422 Bay Ar	ea Blvd, Unit A								
			Houston, TX	77058								
	PURPOSE	(a)		e Categories listed at t	ho top of this cobse	dulo)	(b)	Description				
	OF	``	Event Exper		rie top of this scriet	uule)	()		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	l	Event Exper	150				Check if Austin,	, TX,	officeholder living	g expense	
		l						Decorations f	or 1	for Friendsv	vood Christmas parad	le
								float.				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI						J -					

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatalana O. I. I. T.	1
1	Total pages Schedule F1:	
	Sch: 3/58 Rpt: 39/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	09/15/2023	Anchor Point Pregnancy Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.48	103 Davis Rd
		Loggue City, TV 77572
Ļ		League City, TX 77573
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
		Registration for Run for Health
		regionalism for realism
_	Complete ONL V if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	•	
	Date	Payee name
L	07/27/2023	Bay Area Alliance for Youth
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.07	2425 East Main Street
		League City, TX 77573
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Dinner Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	08/14/2023	Bay Area Alliance for Youth
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,036.30	2425 East Main Street
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI ENDITONE	Candidate/Officeholder/Political Committee
		Campaign Sponsor Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	1

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/58 Rpt: 40/96 Friends of Dr. Greg Bonnen 00067893 4 Date Payee name 09/25/2023 Bay Area Houston Economic Partnership 6 Amount (\$) Payee address; City; State; Zip Code \$300.00 18045 Saturn Ln Houston, TX 77058 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation to Golf Tournament Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/13/2023 Bay Area Republican Women PAC Amount (\$) Payee address; City; State; Zip Code \$100.00 P.O. Box 58103 Webster, TX 77598 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/13/2023 Bay Area Republican Women PAC Amount (\$) Payee address: City: State; Zip Code \$100.00 P.O. Box 58103 Webster, TX 77598 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

rsement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	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: 5/58 Rpt: 41/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	07/13/2023	Bay Area Republican Women PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	P.O. Box 58103
		Webster, TX 77598
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 Ad for Directory
		Ad to Directory
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	08/23/2023	Bay Area Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 58103
		Webster, TX 77598
	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 Fees
_	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
	07/06/2023	Bay Area Turning Point
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,030.00	210 So. Walnut
		Webster, TX 77598
	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.
		Compaign Dinner Expanse
		Campaign Dinner Expense
_	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/58 Rpt: 42/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	10/02/2023	Bay Oaks Country Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.00	14545 Bay Oaks Blvd
		Houston, TX 77059
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Breakfast Expense for Bay Area Republican women meeting
Ļ	Complete ONLY if direct	
9	Complete ONLY if direct expenditure to benefit C/OH	
L	D-4-	
	Date	Payee name
	08/08/2023	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.86	2510 Gulf Fwy. S.
		League City, TX 77573
	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
		Flash drive for Picture Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/19/2023	Butcher, Cyndy (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,720.00	13603 Willow Heights Court
		Houston, TX 77059
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
L	Complete ONII V if allow	Condidate Office helder some
	Complete ONLY if direct expenditure to benefit C/O	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/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: 7/58 Rpt: 43/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	08/07/2023	Butcher, Cyndy (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,720.00	13603 Willow Heights Court
		Houston, TX 77059
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
		Somulati Lassi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/08/2023	Butcher, Cyndy (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,555.07	13603 Willow Heights Court
	·	Ç
		Houston, TX 77059
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Office expenses
		Reinibulsement for Office expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	08/28/2023	Butcher, Cyndy (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,720.00	13603 Willow Heights Court
		Houston, TX 77059
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Eabor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/58 Rpt: 44/96	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	09/26/2023	Butcher, Cyndy (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,720.00	13603 Willow Heights Court	
		Houston, TX 77059	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Contract labor	r
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/07/2023	Butcher, Cyndy (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,072.25	13603 Willow Heights Court	
		Houston, TX 77059	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		August Mileat	ge Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date	Pausa nama	
	11/02/2023	Payee name Butcher, Cyndy (Ms.)	
	Amount (\$) \$1,720.00	Payee address; City; State; Zip Code 13603 Willow Heights Court	
	\$1,720.00	13003 Willow Heights Court	
		H	
		Houston, TX 77059	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	TX, officeholder living expense
		Contract Labo	or
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 9/58 Rpt: 45/96	Friends of Dr. Greg Bonnen 00067893					
4	Date	5 Payee name					
	11/14/2023	Butcher, Cyndy (Ms.)					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$714.00	13603 Willow Heights Court					
		Houston, TX 77059					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Mileage reimbursement					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OI						
L	Date						
	Date	Payee name					
	12/18/2023	Butcher, Cyndy (Ms.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,720.00	13603 Willow Heights Court					
		Houston, TX 77059					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Labor					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	12/21/2023	Butcher, Cyndy (Ms.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$848.22	13603 Willow Heights Court					
		Houston, TX 77059					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Mileage reimbursement					
L	Complete ONLY if dies -t	Condidate/Officeholder name Office cought					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	•						
1							

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		
1	Total pages Cabadula F1:		arc)
1	Total pages Schedule F1: Sch: 10/58 Rpt: 46/96	2 FILER NAME Friends of Dr. Greg Bonnen 3 Filer ID (Ethics Commission File 00067893)
4	Date	5 Payee name	
	10/16/2023	Butcher, Cynthia	
6	Amount (\$) \$987.51	7 Payee address; City; State; Zip Code 13603 Willow Heights Court Houston, TX 77059	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Reimbursement for travel in district	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/07/2023	Campaign Advocacy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13,695.60	401 NE 46th	
		Oklahoma City, OK 73105	
	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	
		Campaign Christmas Card Mailer	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/11/2023	Campaign Advocacy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,232.90	401 NE 46th	
		Oklahoma City, OK 73105	
	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 Campaign Mailer	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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)
	Sch: 11/58 Rpt: 47/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	07/17/2023	Chick Fil A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.62	503 West Martin Luther King Jr. Blvd
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Dinner expense for Capitol Staff
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/25/2023	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.30	503 West Martin Luther King Jr. Blvd
		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
		Dinner expense for Capital staff
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	,	
	Date	Payee name
	10/25/2023	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.53	503 West Martin Luther King Jr. Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Dinner expense for Capital staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/58 Rpt: 48/96 Friends of Dr. Greg Bonnen 00067893 4 Date Payee name 07/25/2023 City of Austin Utilities 6 Amount (\$) Payee address; City; State; Zip Code \$59.77 P.O. Box 2267 Austin, TX 78783 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Electricity for Representative Bonnen's Austin Apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2023 City of Austin Utilities Amount (\$) Payee address; City; State; Zip Code \$61.56 P.O. Box 2267 Austin, TX 78783 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Electric Bill for Representative Bonnen's Austin Apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2023 City of Austin Utilities Amount (\$) Payee address: City; State; Zip Code \$60.61 P.O. Box 2267 Austin, TX 78783 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Electricity Bill for Representative Bonnen's Austin Apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District

Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/58 Rpt: 49/96 Friends of Dr. Greg Bonnen 00067893 4 Date Payee name 10/24/2023 City of Austin Utilities 6 Amount (\$) Payee address; City; State; Zip Code \$62.51 P.O. Box 2267 Austin, TX 78783 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Electricity bill for Representative Bonnen's Austin apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/28/2023 City of Austin Utilities Amount (\$) Payee address; City; State; Zip Code \$62.11 P.O. Box 2267 Austin, TX 78783 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** TX Check if Austin, TX, officeholder living expense Electricity for Representative Bonnen's Austin Apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/28/2023 City of Austin Utilities Amount (\$) Payee address: City; State; Zip Code \$59.95 P.O. Box 2267 Austin, TX 78783 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Electric Bill for Representative Bonnen's Austin Apartment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/58 Rpt: 50/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	07/19/2023	Clear Creek Republican Woman PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	2301 Meadows Blvd.
L		League City, TX 77573
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 Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	-
	Date	Payee name
	10/10/2023	Clear Creek Republican Woman PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2301 Meadows Blvd.
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
		Candidate/Officeholder/Political Committee
		Sponsore in part and a recognit
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/21/2023	Clear Creek Republican Woman PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	2301 Meadows Blvd.
		League City, TX 77573
	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
		Campaign Luncheon Expenses
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		
1		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction G	uide explains h	ow to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 15/58 Rpt: 51/96		Friends of D	r. Greg Bonner	1					00067893		
4	Date	5	Payee name									
	07/07/2023		Clear Lake A	Area Chamber (of Commerce	е						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$375.00		1201 E. Nas	a Parkway								
			Houston, TX	77058								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			age Expense				_			plete Schedule T.	
								Campaign Lu		officeholder livin		
								Campaign Lu	IIICI	icon Exper	303	
9	Complete ONLY if direct	<u> </u>		ceholder name	Of	ffice soug	thr			Office h	eld.	
ľ	expenditure to benefit C/O		Janaidate/Onic	cholder flame	Oi.	ince sout	Jiii			Office II	Ciu	
_	Date	Г	Dayso name									
	08/21/2023		Payee name	Area Chamber o	of Commerce	۵						
_	Amount (\$)	┝	Payee address			Zip Cod	do					
	\$35.00		1201 E. Nas	-	State,	Zip Coo	ue					
	Ψ33.00		1201 L. Nac	ar arkway								
			Houston, TX	(77058								
_	PURPOSE	(2)					(h)	Description				
	OF	(a)		e Categories listed at t age Expense	he top of this sched	dule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		1 OOU/Deven	age Expense				Check if Austin,	, TX,	officeholder livin	g expense	
								Lunch Expen	se-	Chamber M	Monthly Meeting	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice souç	ght			Office h	eld	
	experience to benefit 6/6/	_										
	Date		Payee name									
	11/30/2023		Clear Lake /	Area Chamber (of Commerce	e						
	Amount (\$)		Payee addres	•	State;	Zip Coo	de					
	\$339.00		1201 E. Nas	sa Parkway								
			Houston, TX	(77058								
	PURPOSE OF	(a)		e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Fees							de of Texas. Con officeholder livin	nplete Schedule T.	
								Membership				
								,				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice soug	ght			Office h	eld	
	expenditure to benefit C/O					·						
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		mmittee	Gift/Awards/Memoria Legal Services The Instruction (ages.	/Contract Labor		Travel Out of D OTHER (enter	District a category not listed above)
_	Total pages Cabadula 51:	12	EILED MANAS		oxpiaino			1	2	Filor ID	(Ethics Commission Filers)
	Total pages Schedule F1:				n				3		,
	Sch: 16/58 Rpt: 52/96	L		or. Greg Bonne	:II					00067893	
4	Date	5	Payee name								
	12/18/2023		Clear Lake	Area Chamber	of Commerc	ce					
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$35.00		1201 E. Na	sa Parkway							
			Houston, T	K 77058							
8	PURPOSE	(2)				1	(h)	Description			
0	OF	(a)		ee Categories listed at age Expense	the top of this sch	nedule)	(D)		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		i oou/bevel	age Expense				_		officeholder livir	
								Campaign Lu			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н				·					
H	Date		Payee name								
	11/21/2023		•	nks Moving Ce	ntral Austin						
_		\vdash				; Zip Co	dc				
	Amount (\$)		Payee addre	•	State	, ∠ıµ C0ı	uC				
	\$50.00		120 Basirop	Hwy ste.207							
L		L	Austin, TX	78741							
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Ex	kpense						mplete Schedule T.
								_		officeholder livir	
								Bonnen's Aus			ny for Representative t
_	Commission ONE V. C. P.	<u> </u>	Daniel - 1 - 1 / 0 / /			D#: 4 -	a. l- '				
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(Office sou	gnt			Office h	neia
	Date		Payee name								
L	12/15/2023	L	College Hu	nks Moving Ce	ntral Austin						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$606.25		720 Bastrop	Hwy ste.207							
			Austin, TX	78741							
	PURPOSE	(a)	Category /s	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF	ļ <i>`</i>		head/Rental Ex		,	•		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE				•			X Check if Austin,			
									nse	for Repres	sentative Bonnen's Austin
		L						Apartment			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									

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/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
	Sch: 17/58 Rpt: 53/96	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	-
	12/26/2023	Cooke, Cameron	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$1,000.00	4006 Idlewood	
		Austin, TX 78731	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
Ŭ	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Labor	
			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	10/06/2023	Copy Doctor Friendswood	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.25	1101 S Friendswood Dr,	
		Friendswood , TX 77546	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Signage Printing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	10/05/2023	Day Cocina Day Cocina	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$38.71	2500 S Loop 35, #1,	
		Alvin, TX 77511	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Kidz Harbor Gala Planning Meeting	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01	•	_

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete t	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/58 Rpt: 54/96	Friends of Dr. Greg Bonnen	00067893
4 Date	5 Payee name	'
12/13/2023	Dickinson Chamber of Commerce	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$215.00	1911 Fm 517 Rd. E	
	Dickinson, TX 77539	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE		Check if Austin, TX, officeholder living expense
	Cè	ampaign Luncheon expense
O Complete ONLY if direct	Canalidate/Officeholder name	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
07/24/2023	Eichler, Shera	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,000.00	3002 Bryker Dr.	
	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ontract Labor
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payee name	
11/16/2023	Eichler, Shera	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,000.00	3002 Bryker Dr.	

	Austin, TX 78703	
PURPOSE		povintion
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	escription Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salanes/ Wages/Contract Labor	Check if Austin, TX, officeholder living expense
	Co	ontract Labor
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	п	

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		Legal Services The Instruction Guide explain:		/ages	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 19/58 Rpt: 55/96		Or. Greg Bonnen					00067893		
4	Date	5 Payee name								
	07/24/2023	Extra Spac	е							
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Co	de					
	\$465.00	2631 S. Ca	pital Of Texas Hwy							
		Austin, TX	78746							
8	PURPOSE OF		ee Categories listed at the top of this so	chedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			<u> </u>		de of Texas. Comp officeholder living		
						Rent for Austi				
								otorago o		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	eld	
	Date	Payee name								
	08/23/2023	Extra Spac	e							
	Amount (\$)	Payee addre	ss; City; Stat	e; Zip Co	de					
	\$465.00	2631 S. Ca	pital Of Texas Hwy							
		Austin, TX	78746							
	PURPOSE OF		ee Categories listed at the top of this so	chedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Comp officeholder living		
						X Check if Austin, August rent fo				
						, lagaot ront it	,,,	acar otoraș	,0 01m	
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	7								
	Date	Payee name								
	09/25/2023	Extra Spac	e							
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de					
	\$465.00	2631 S. Ca	pital Of Texas Hwy							
		Austin, TX	78746							
	PURPOSE OF	l	ee Categories listed at the top of this so	chedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Comp officeholder living		
						ш		-	entative Bonnen's	
						Storage Unit			mative bonners	
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/OI		icendidei name	Onice Sou	yııı			Office He	au	
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributing 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)
	Sch: 20/58 Rpt: 56/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	10/23/2023	Extra Space
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$465.00	2631 S. Capital Of Texas Hwy
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		October Rent for Austin storage unit for Representative Bonnen
		<u> </u>
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/24/2023	Extra Space
	Amount (\$)	Payee address; City; State; Zip Code
	\$465.00	2631 S. Capital Of Texas Hwy
	¥ 135.55	2002 of Capital of Forder in 19
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		\times \t
		Storage Unit
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Para series
	Date	Payee name
	12/26/2023	Extra Space
	Amount (\$)	Payee address; City; State; Zip Code
	\$465.00	2631 S. Capital Of Texas Hwy
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Rent for Dr. Bonnen's Austin Storage Unit
_	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- parametric 30 2000000 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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			Legal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict category not listed above	e)
	Credit Card Payment			The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	r Filers)
	Sch: 21/58 Rpt: 57/96		Friends of D	r. Greg Bonne	n					00067893		
4	Date	5	Payee name									
	11/17/2023		Friends of T	erri Leo Wilsor	١							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		29 Pirates B	each W								
			Galveston, 7	TX 77554								
8	PURPOSE	(a)		e Categories listed at	Al	11-1	(b)	Description				
	OF	(",		e Categories listed at s/Donations M		eaule)	(~)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			Officeholder/Po		ittee		Check if Austin,	TX,	officeholder livin	g expense	
								Donation to R	≀ер	resentative	Leo-Wilson cam	paign
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	experiditure to beliefit C/OI											
	Date		Payee name									
	07/07/2023		Friendswood	d Chamber of 0	Commerce							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$25.00		1100 South	Friendswood [Orive							
			Friendswood	d, TX 77546								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,		-			plete Schedule T.	
								ш		officeholder livin	g expense	
								Membership I	Dal	uge		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	eld.	
	expenditure to benefit C/O		zandidate/Onic	cholder flame		Jilice 30u	grit			Office II	eiu	
_	Data	_										
	Date 08/07/2023		Payee name	d Chambar of (Commorco							
				d Chamber of (
	Amount (\$)		Payee addres	•		Zip Co	de					
	\$100.00		1100 South	Friendswood [orive							
			Friendswood			-						
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense						officeholder livin	nplete Schedule T. n expense	
								Campaign Dir			y	
								. •		-		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)
-	Sch: 22/58 Rpt: 58/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	11/01/2023	Friendswood Chamber of Commerce
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 1100 South Friendswood Drive
		Friendswood, TX 77546
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
		Campaign luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2023	Friendswood Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	1100 South Friendswood Drive
		Friendswood, TX 77546
	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 Fees to Chamber
		Membership rees to Chamber
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/29/2023	Friendswood Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1100 South Friendswood Drive
		Friendswood, TX 77546
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Campaign Breakfast and Luncheons
_	Operation ONE VIII II	Out in the Committee of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 23/58 Rpt: 59/96	FILER NAME Friends of Dr. Greg Bonnen	3 Filer ID (Ethics Commission Filers) 00067893
4	Date 07/03/2023	5 Payee name Gables Park Tower	
6	Amount (\$) \$3,681.68	7 Payee address; City; State; Zip Code111 Sandra Muraida WayAustin, TX 78703	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense resentative Bonnen's Austin Apartment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/02/2023	Payee name Gables Park Tower	
	Amount (\$) \$3,629.45	Payee address; City; State; Zip Code 111 Sandra Muraida Way Austin, TX 78703	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense for Representative Bonnen's Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/05/2023	Payee name Gables Park Tower	
	Amount (\$) \$3,616.94	Payee address; City; State; Zip Code 111 Sandra Muraida Way	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense ent for Representative Bonnen's Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cab - dist - E4	<u> </u>	·c)
1	Total pages Schedule F1: Sch: 24/58 Rpt: 60/96	2 FILER NAME Friends of Dr. Greg Bonnen 3 Filer ID (Ethics Commission Filer 00067893	s)
4	Date	5 Payee name	
	10/02/2023	Gables Park Tower	
6	Amount (\$) \$3,669.83	7 Payee address; City; State; Zip Code 111 Sandra Muraida Way Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EAI ENDITORE	\times \text{Check if Austin, TX, officeholder living expense}} October Rent for Representative Bonnen's Austir Apartment	1
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/02/2023	Gables Park Tower	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,609.22	111 Sandra Muraida Way	
		Austin, TX 78703	
	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	
		November Rent for Representative Dr. Bonnen's Austin Apartment	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/04/2023	Gables Park Tower	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,924.07	111 Sandra Muraida Way	
		Austin, TX 78703	
	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.	
		X Check if Austin, TX, officeholder living expense December Rent for Representative Bonnen's Austin	stin
		Apartment Apartment	oul I
	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)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/58 Rpt: 61/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	11/01/2023	Galco Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1,161.00	117 Country Lane
		League City, TX 77573
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
		Road Sign installation
		Troub engin modulation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	11/08/2023	Galco Solutions
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$702.00	117 Country Lane
		League City, TX 77573
	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 Installation of Campaign Road Signs
		motanation of Gampaign Road Signo
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/07/2023	Galco Solutions
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	117 Country Lane
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Installation of Campaign Road Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 26/58 Rpt: 62/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	10/06/2023	Galveston County Fair and Rodeo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	10 Jack Brooks Rd
		Hitchcock, TX 77563
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation to County Rodeo
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/12/2023	Galveston County Food Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.00	624 4th Ave N
		Texas City, TX 77590
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Dinner Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	08/07/2023	Galveston County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1100 S Interstate 45
		League City, TX 77573
	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
		Donation Lincoln Neagan Diffile
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers) 00067893
_	Sch: 27/58 Rpt: 63/96	Friends of Dr. Greg Bonnen	00007693
4	Date 11/03/2023	5 Payee name Galveston County Republican Party	
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 1100 S Interstate 45 League City, TX 77573	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense eck -Filling fee for March 2024 primary
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 07/12/2023	Payee name Galveston County Salvation Army Women's Auxiliary	
	Amount (\$) \$216.78	Payee address; City; State; Zip Code 601 51st Street Galveston, TX 77551	
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense .uncheon Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 07/26/2023	Payee name Galveston Regional Chamber of Commerce	
	Amount (\$) \$375.00	Payee address; City; State; Zip Code 2228 Mechanic St. Galveston, TX 77550	
	BUBBOOF		
	PURPOSE OF EXPENDITURE	1 1 663	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense D Fees
	Complete ONLY if direct expenditure to benefit C/O	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 Com 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	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 28/58 Rpt: 64/96	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	08/07/2023	Galveston Regional Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	2228 Mechanic St.	
		Galveston, TX 77550	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE	,	TX, officeholder living expense
		Dinner Expen	ise
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorarie to beriefit C/O	n	
	Date	Payee name	
	09/15/2023	Galveston Regional Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$175.00	2228 Mechanic St.	
		Galveston, TX 77550	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Galveston Ch	namber Women's Conference Luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	08/15/2023	Galveston Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	908 Layfair Place	
		Friendswood , TX 77546	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Dinner expen	se
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH			

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/58 Rpt: 65/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	09/28/2023	Galveston Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	908 Layfair Place
		Friendswood TV 7754C
		Friendswood , TX 77546
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense 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
		Monthly Luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/24/2023	Galveston Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	908 Layfair Place
		Friendswood, TX 77546
	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 Luncheon expense
		Luncheon expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/07/2023	Galveston Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	908 Layfair Place
		Friendswood , TX 77546
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Dinner expense
	Complete ONLY 'C. I'	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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: 30/58 Rpt: 66/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	12/21/2023	Galveston Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	908 Layfair Place
		Friendswood, TX 77546
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
		Campaign Luncheon expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/03/2023	Google Apps
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Google Apps for Capitol office
		Coogle / pps for Capitor Since
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	08/02/2023	Google Apps
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Google Apps for Capital Office
		Coogle / pps for Capital Ciffice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/58 Rpt: 67/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	09/05/2023	Google Apps
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Apps for Capital Office Staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	10/02/2023	Google Apps
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense
		Google Apps for Capital Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 11/02/2023	Payee name
		Google Apps
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google Apps for Capital Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/58 Rpt: 68/96	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	·
	12/04/2023	Google Apps	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.19	1600 Amphitheatre Parkway	
l			
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Google Apps for Capital office staff
			3 - 41
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Т	Date	Payee name	
	10/30/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.08	3501 Clear Lake City Blvd,	
l			
l		Austin, TX 77059	
H	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	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Supplies for Golf Tournament Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	12/07/2023	HEB	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.65	3501 Clear Lake City Blvd,	
		Austin, TX 77059	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Food Donation to Interfaith Caring Ministries
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Since field
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/58 Rpt: 69/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	08/08/2023	Hartin, Brigitt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5932 Gorham Glen Ln.
		Austin, TX 78739
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/03/2023	Hartin, Brigitt
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5932 Gorham Glen Ln.
		Austin, TX 78739
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/05/2023	Hartin, Brigitt
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5932 Gorham Glen Ln.
		Austin, TX 78739
	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 Labor
		Labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 34/58 Rpt: 70/96 Friends of Dr. Greg Bonnen 00067893 4 Date Payee name 07/05/2023 Hill Country Springs Water 6 Amount (\$) Payee address; State; Zip Code \$34.56 10019 S I -35 Frontage Road Austin, TX 78747 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Bottled Water for Capitol Office** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/06/2023 Hill Country Springs Water Amount (\$) Payee address; City; State; Zip Code \$1.65 10019 S I -35 Frontage Road Austin, TX 78747 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Bottles Water for Capitol office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/02/2023 Hill Country Springs Water Amount (\$) Payee address: City: State; Zip Code \$7.58 10019 S I -35 Frontage Road Austin, TX 78747 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Bottled Water for Capital Office** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	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: 35/58 Rpt: 71/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	08/02/2023	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.65	10019 S I -35 Frontage Road
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottled Water for Capital Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/05/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.66	10019 S 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 for Capital Staff
		Bottled Water for Capital Stall
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/05/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	10019 S 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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Bottled Water for Capital Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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/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: 36/58 Rpt: 72/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	10/02/2023	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.65	10019 S 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 Austin, TX, officeholder living expense Bottled Water for Capital Office
		Bottled Water for Eaphtar Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	10/04/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.57	10019 S 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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottled Water for Capital Office
		Bottled Water for Capital Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	5 .	
	Date	Payee name
	11/02/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.66	10019 S 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 for Representative Bonnen's Capital Office
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	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

	Credit Card Payment	The	Instruction Guide ex	cplains how to co	mple	ete this form.		
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 37/58 Rpt: 73/96	Friends of Dr. G	reg Bonnen				00067893	3
4	Date	Payee name				•		
	11/02/2023	Hill Country Spri	ings Water					
6	Amount (\$)	Payee address;	City;	State; Zip Co	de			
	\$21.32	10019 S I -35 Fr	rontage Road					
		Austin, TX 7874	7					
8	PURPOSE	Category (See Cate	pagins listed at the ton o	of this echodula)	(b)	Description		
	OF	Office Overhead			`´		ide of Texas. Co	omplete Schedule T.
	EXPENDITURE					Check if Austin, TX		
						Bottled water fo	r Capital O	office
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officehol	lder name	Office sou	ght		Office	held
L								
	Date	Payee name						
	11/28/2023	Hill Country Spri	ings Water					
	Amount (\$)	Payee address;	City;	State; Zip Co	de			
	\$8.66	10019 S I -35 Fr	rontage Road					
		Austin, TX 7874	7					
	PURPOSE	Category (See Cate	egories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead						omplete Schedule T.
						Check if Austin, TX Bottled Water fo		
						Bottled Water IC	л Сарпаго	mice
	Complete ONLY if direct	Candidate/Officehol	lder name	Office sou	aht		Office	held
	expenditure to benefit C/O		idei ridirie	Office 300	giit		Omec	neid
	Date	Davisa nama						
	12/04/2023	Payee name Hill Country Spri	ings Water					
				Chahai Zin Ca				
	Amount (\$) \$21.32		City;	State; Zip Co	oue			
	Φ21.32	10019 S I -35 Fr	onlage Roau					
		A TV 707.4	7					
		Austin, TX 7874	7					
	PURPOSE OF	Category (See Cate			(b)	Description	:d4.T 0	
	EXPENDITURE	Office Overhead	I/Rental Expense	9		Check if Austin, TX		omplete Schedule T.
						Bottled water fo		
							•	
	Complete ONLY if direct	Candidate/Officehol	lder name	Office sou	ght		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 Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/58 Rpt: 74/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	12/14/2023	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.66	10019 S I -35 Frontage Road
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottled Water for Capital office
		Bothed Water for Capital office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	12/06/2023	Hobby Lobby
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$22.68	2740 Gulf Fwy S
	ΨΖΖ.00	2740 Guii Fwy 3
L		League City, TX 77573
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift Wrap supplies for host gift
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/15/2023	Home Depot
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$64.76	3200 South Gulf Freeway
	Φ04.70	3200 30util Guil Fleeway
		Lacerna City TV 77570
L		League City, TX 77573
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter if travel queside of Taylor Camplete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for road signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
ı		

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 com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 39/58 Rpt: 75/96	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		•
	11/15/2023	Home Depot		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$154.43	3200 South Gulf Freeway		
		League City, TX 77573		
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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Supplies for road signs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	09/15/2023	Hope Village		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$344.95	15403 Hope village RD		
		Friendswood, TX 77546		
	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		Check if Austin, TX, officeholder living expense Donation to Annual Fundraiser
				Donation to Annual Fundraiser
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	tht	Office held
	expenditure to benefit C/OI	•	jiic	Office field
_	Data	D		
	Date 12/04/2023	Payee name Houston Garden Centers		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$75.76	21001 Gulf Fwy		
		Webster, TX 77598		
	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
				Decoration/supplies for Friendswood Christmas
				parade float
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/OI		,	Since Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 40/58 Rpt: 76/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	11/08/2023	Hyatt Regency Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.00	1200 Louisiana Street
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking garage fee for Greater Houston Partnership
		r arking garage fee for Greater Flouston F artifership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nomo
		Payee name
	09/15/2023	Innovative Alternatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1335 Regents Park Drive Suite 240
		Houston, TX 77058
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to Goil Tournament
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Kellye et the Village
	10/16/2023	Kellys at the Village
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.93	Address 190 E Stacy Rd Ste 1204
		Allen, TX 75002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food expense for staff at Texas Federation of
		Republican Women
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)
	Sch: 41/58 Rpt: 77/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	07/19/2023	Kidz Harbor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	638 Harbor Dr.
		Liverpool, TX 77577
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Dinner Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefft C/Oi	
	Date	Payee name
	10/16/2023	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.24	16400 El Camino Real,
		Houston, TX 77062
	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
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Diaper Donation to Inspira Womens Health
		Staper Bertation to mopile Wenterle Health
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/17/2023	La Escondida
_		
	Amount (\$) \$29.63	
	\$29.03	400 W Parkwood Ave, Suite 124
		Friendswood, TX 77546
	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
		Texas Gulf Coast Republican Women meeting
		Toxas San Soust Nepublican Women meeting
_	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)

Event Expense Loan Repayment/Reimbu

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

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: 42/58 Rpt: 78/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	09/13/2023	LaBrisa Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.31	501 N. Wesley Dr.
		League City, TX 77573
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 Galveston GOP Lincoln Reagan Dinner Meeting
		Gaiveston GOP Lincoln Reagan Diffiel Meeting
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	•	
	Date	Payee name
	10/23/2023	LaBrisa Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	501 N. Wesley Dr.
		League City, TX 77573
	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 expense for Clear Creek Republican Women
		meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/25/2023	League City Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1101 W. Main
		League City, TX 77573
	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
		Campaign dinner expense
	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 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: 43/58 Rpt: 79/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	08/09/2023	Lil Extreme Productions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.75	11665 Fuqua Street Suite D408
		Houston, TX 77034
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Polo Shirts
		1 3.5 3.111.5
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	11/24/2023	Luna's Mexican Food
_		
	Amount (\$) \$17.00	Payee address; City; State; Zip Code 704 W Parkwood Avenue
	\$17.00	704 W Parkwood Avenue
		Friendswood, TX 77546
	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.
		Campaign lunch expense
		Campaign lands expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dougo nama
	08/22/2023	Payee name Lyda Law Firm LLC
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	106 E. 6th St.
L		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legal Fees For Representative Bonnen
		Legal 1 ces 1 of Nepresentative Berniell
\vdash	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 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: 44/58 Rpt: 80/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
l	07/03/2023	M. I. Lewis Social Center
6	Amount (\$) \$1,029.00	7 Payee address; City; State; Zip Code 215 FM 517 Dickinson, TX 77539
8	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 Campaign Dinner Expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	10/06/2023	Murphy Nasica and Assocoates
	Amount (\$) \$898.80	Payee address; City; State; Zip Code 1701 W. Pioneer Dr
L		Irving, TX 75061
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push Cards
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/04/2023	Payee name Murphy Nasica and Assocoates
	Amount (\$) \$14,000.00	Payee address; City; State; Zip Code 1701 W. Pioneer Dr
		Irving, TX 75061
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pushcards for Representative Bonnen's campaign
	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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/58 Rpt: 81/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	12/22/2023	Novian, Briana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1512 Forest Trail #207
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Labor
		Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	12/28/2023	O'Connor, Elizabeth
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	113 Shannons Way
		Buda, TX 78610
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	09/14/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	961 Nasa Pkwy
		Houston, TX 77058
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies for House Member Certificates of Congratulations
_	Operation ONE VIII II	
	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)
Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment		The Instruction Gu	uide explains how to c	omple	ete this form.		
1	Total pages Schedule F1:	2 FILER N	AME			3 File	er ID	(Ethics Commission Filers)
	Sch: 46/58 Rpt: 82/96	Friends	of Dr. Greg Bonnen	1		000	067893	
4	Date	5 Payee n	ame					
	11/10/2023	Office D	Depot					
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip C	ode			
	\$162.38	961 Na	sa Pkwy					
		Houston	n, TX 77058					
8	PURPOSE	a) Categor	y (See Categories listed at the	he top of this schedule)	(b)	Description		
	OF EXPENDITURE	Printing	Expense			Check if travel outside of Check if Austin, TX, office		
						Invitation Printing fo		
						3 ·		
9	Complete ONLY if direct	Candidate	e/Officeholder name	Office so	ught		Office he	eld
	expenditure to benefit C/OI							
	Date	Payee n	 ame					
	09/20/2023	Olive G	arden					
	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode			
	\$69.94	162 N E	Bypass 35					
		Alvin, T	X 77511					
	PURPOSE	a) Categor	y (See Categories listed at the	he top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/B	everage Expense			Check if travel outside of		
						Check if Austin, TX, office Kidz Harbor Gala P		
	Complete ONLY if direct	Candidate	e/Officeholder name	Office so	<u> </u>		Office he	eld
	expenditure to benefit C/OI							
	Date	Payee n	ame					
	10/31/2023	Operati	on Honor Our Local	Veterans, Inc.				
	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode			
	\$500.00	1804 F	M 646 , Ste D					
		Dickins	on, TX 77539					
	PURPOSE	a) Categor	y (See Categories listed at the	he top of this schedule)	(b)	Description		
	OF EXPENDITURE	Contrib	utions/Donations Ma	ade By		Check if travel outside of		
		Candida	ate/Officeholder/Poli	itical Committee		Check if Austin, TX, office Donation to Annual		
						Donation to / timaar	i ali cai	SHOW
	Complete ONLY if direct	Candidate	e/Officeholder name	Office so	<u>l</u> ught		Office he	eld
	expenditure to benefit C/O				3			
1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 47/58 Rpt: 83/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	09/28/2023	Pappas Seafood House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.87	19991 I-45 South
		Webster, TX 77598
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
		Meeting with League City city leadership
		Weeting With League Oily oily leadership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/18/2023	Parking Management Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	3713 Charlotte Ave
	φ12.00	3713 Chanotte Ave
		Nashville, TX 37209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/04/2023	Partnerships for Children
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.60	14000 Summitt Drive
	Ψ103.00	14000 Sullillik Drive
		Austin, TX 78728
	DUDDOOF	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	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
		Donation for Christmas Drive
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 48/58 Rpt: 84/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	08/01/2023	Picard, Fay
6	Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 2885 Diamond Bay Dr
		Dickinson, TX 77539
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/01/2023	Picard, Fay
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2885 Diamond Bay Dr
		Dickinson, TX 77539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2023	Picard, Fay
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2885 Diamond Bay Dr
		Dickinson, TX 77539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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: 49/58 Rpt: 85/96	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	10/27/2023	Picard, Fay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,200.00	2885 Diamond Bay Dr	
		Dickinson, TX 77539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galanes/ Wages/ Contract East)	rel outside of Texas. Complete Schedule T.
		Contract La	stin, TX, officeholder living expense
		33.11.433.25	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	12/04/2023	Picard, Fay	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	2885 Diamond Bay Dr	
		,	
		Dickinson, TX 77539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/Cornilact Eabor	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Labor	un, 17, unicerolaer living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/21/2023	Picard, Fay	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	2885 Diamond Bay Dr	
		Dickinson, TX 77539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/Cornilact Eabor	rel outside of Texas. Complete Schedule T.
		Labor	tin, TX, officeholder living expense
		Labor	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Cinoc riciu
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic 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		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	strict a category not listed above)	
				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	ilers)
	Sch: 50/58 Rpt: 86/96		Friends of D	r. Greg Bonner	1					00067893		
4	Date	5	Payee name									
	10/16/2023		Raising Can	ies								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$11.68		2901 State I	Highway 121,								
			Euless, TX 7	76039								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			age Expense				=			plete Schedule T.	
	LA LIBITORE							—		officeholder living		
								Republican W			exas Federation of	
								- Tepublican vi	VOI			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	08/08/2023		Ronald Blue	e & Co.								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$2,500.00		952 Echo La	ane								
			Houston, TX	77024								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Accounting/l	Banking				<u></u>			plete Schedule T.	
	ZA ZIIDII GIAZ							—		officeholder living		
								financial repo		ior Represe	entative Bonnen's	
	Complete ONLY if direct	<u> </u>	Condidate/Offic	a haldar nama	0:	ffice cou	abt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	centituer frame	O	ffice sou	gni			Office h	eiu	
_		1										
	Date		Payee name	OLIAMBED OF	001414550	_						
	08/15/2023			CHAMBER OF								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$15.00		12408 Texa	s 6								
			SANTA FE,	TX 77510		_						
	PURPOSE OF	(a)		e Categories listed at t	he top of this sche	dule)	(b)	Description	_			
	EXPENDITURE		Food/Bevera	age Expense							plete Schedule T.	
								Chamber Moi		officeholder living		
								SHALIDGI WIO	1	., Lunionicoi	. Experied	
_	Complete ONLY if direct	Щ	Candidate/Offic	ceholder name	<u> </u>	ffice sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janualu Olli	Johnson Hallic	O.	moo sou	Ailt			Omice II	0.0	
_												
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1: Sch: 51/58 Rpt: 87/96	FILER NAME Friends of Dr. Greg Bonnen	3 Filer ID (Ethics Commission Filers) 00067893
4	Date 09/22/2023	5 Payee name Saltgrass Steakhouse	•
6	Amount (\$) \$74.91	7 Payee address; City; State; Zip Code 20241 Gulf Freeway	
		Webster, TX 77598	
8	PURPOSE OF EXPENDITURE	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense with Santa Fe City Leadership
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 09/13/2023	Payee name Staples	
	Amount (\$) \$31.37	Payee address; City; State; Zip Code 19335 Gulf Freeway	
		Webster, TX 77598	
	PURPOSE OF EXPENDITURE	Check Certifica	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ates and Document Covers for House r Congratulations
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 12/08/2023	Payee name Staples	
	Amount (\$) \$10.81	Payee address; City; State; Zip Code 19335 Gulf Freeway	
		Webster, TX 77598	
	PURPOSE OF EXPENDITURE	Check	on If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense Supplies for District Office
	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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 52/58 Rpt: 88/96	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		-
	12/08/2023	Staples		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$14.06	19335 Gulf Freeway		
		Webster, TX 77598		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Office Supplies for District office
_	Complete ONL V if direct	Condidate/Officeholder name Office acqu	abt	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnı	Office held
	Data			
	Date	Payee name		
	12/11/2023	Staples		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$17.86	19335 Gulf Freeway		
		Webster, TX 77598		
	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
				Office Supplies for District Office
				• •
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/07/2023	TDCJ Manufacturing and Logistics		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$986.00	P.O. Box 4013		
		Huntsville, TX 77342		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Gift/Awards/Memorials Expense	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	μ		Check if Austin, TX, officeholder living expense
				Constitutional & Rocking Chairs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experience to beliefft C/OI	'		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 53/58 Rpt: 89/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	09/21/2023	TDCJ Manufacturing and Logistics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.35	P.O. Box 4013
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Constitutional & Rocking Chairs
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	TDCJ Manufacturing and Logistics
	Amount (\$)	Payee address; City; State; Zip Code
	\$883.32	P.O. Box 4013
		Huntsville, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Gifts for Non Profit Organization
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	12/06/2023	Texas Artisan
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.79	2800 Marina Bay Drive
		Suite E-1
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Thank you gift for fundraiser host
		Thank you git to fundation host
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 54/58 Rpt: 90/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	09/29/2023	Texas Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.84	112 E 11th Street
		Austin, TX 78701
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
		Whiskey Glass -set of 4 Donation to Texas for Life
		Coalition
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/24/2023	Texas City LaMarque Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	9702 Emmett F Lowery Parkway
		Texas City, TX 77591
	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
		Campaign Dinner expense
		3 p
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/02/2023	Texas City LaMarque Chamber of Commerce
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	9702 Emmett F Lowery Parkway
	Ψ200.00	or of Emmour Lowery Fairway
		Texas City, TX 77591
	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 Fee for Chamber of Commerce
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 The Instruction Guide explai		Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 55/58 Rpt: 91/96	Friends of D	Dr. Greg Bonnen					00067893		
4	Date	5 Payee name								
	12/13/2023	Texas City	LaMarque Chamber of C	ommerce						
6	Amount (\$)	7 Payee addre	ss; City; Sta	ate; Zip Co	de					
	\$20.00	9702 Emme	ett F Lowery Parkway							
		Texas City,	TX 77591							
8	PURPOSE OF		ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Food/Bever	age Expense			<u> </u>		de of Texas. Comp officeholder living		
						Campaign Lu			ехрепзе	
						capa.g.: _a		/,poco		
9	Complete ONLY if direct		ceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee name								
	07/20/2023	Texas Fede	ration of Republican Wo	men						
	Amount (\$)	Payee addre	ss; City; Sta	ate; Zip Co	de					
	\$1,500.00	515 Capital	of Texas Highway, Suite	133						
		Austin, TX	78746							
	PURPOSE OF	(a) Category (Se	ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Food/Bever	age Expense			=		de of Texas. Comp officeholder living		
						Campaign Di			expense	
						Campaign Di		л схрепос		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name								
	12/22/2023	Texas Fede	ration of Republican Wo	men						
	Amount (\$)	Payee addre	ss; City; Sta	ate; Zip Co	de					
	\$1,500.00	515 Capital	of Texas Highway, Suite	133						
		Austin, TX	78746							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made By			ш		de of Texas. Comp		
		Candidate/0	Officeholder/Political Con	nmittee		Sponsorship		officeholder living		
						ορυπου <u>στη</u> μ	IUI	Leadership	Day	
-	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht aht			Office he	eld	
	expenditure to benefit C/O			2.1100 000	3.11			J00 110	··· ··	
l										

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 56/58 Rpt: 92/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	07/28/2023	Texas House of Representatives
6	Amount (\$) \$231.22	7 Payee address; City; State; Zip Code P.O. Box 2910
		Austin, TX 78768
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Flags
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/04/2023	Texas Young Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.02	2604 Bright Rock Lane
		Conroe, TX 77304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Tayas, Complete Schedule T
	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
		Donation made to Texas Young Republicans
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/16/2023	The Sign Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,953.75	306 Hwy 3 No.
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Road Signs printed
		Campaign Noda Signs printed
	Complete ONLY if direct expenditure to benefit C/OH	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 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: 57/58 Rpt: 93/96	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	10/13/2023	The Thirsty Lion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.87	350 Las Colinas Blvd W
		Irving, TX 75039
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 Food Expense for Texas Federation of Republican
		Women Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/21/2023	Unbound - Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,545.11	1635 E. Broadway
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EA LIBITE.	Compaign Prunch Expanse
		Campaign Brunch Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	08/14/2023	United States Post Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.00	310 Morningside Dr.
		Friendswood, TX 77546
	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
		Stamps for District Office
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	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 Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 58/58 Rpt: 94/96	Friends of Dr. Greg Bonnen 00067893
Date	5 Payee name
10/17/2023	Westin Irving Convention Center Irving at Los Colinas
Amount (\$)	7 Payee address; City; State; Zip Code
\$187.17	400 West Colinas Blvd
	Irving, TX 75039
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Parking at Hotel for Texas Federation of Republican
	Women Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Sch: 58/58 Rpt: 94/96 Date 10/17/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct

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

SCHEDULE K

	The Instru	ages Schedule K: /2 Rpt: 95/96			
2	FILER NAME	(Ethics Commission Filers)			
	Friends of D	r. Greg Bonnen		00067	893
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
-	08/10/2023				\$100.00
	00/10/2023	Galveston Regional Chamber Of Commerce			\$100.00
		6 Address of person from whom amount is received; City; State; Zip Code			
		Galveston, TX 77550			
		7 Purpose for which amount is received	ck if polition	cal conti	ribution returned to filer
	Date	Name of person from whom amount is received			Amount (\$)
	09/29/2023	Middleton, Mayes			\$646.25
	00/20/2020				\$ 10.20
		Address of person from whom amount is received; City; State; Zip Code			
		Colvertor TV 77550			
		Galveston , TX 77559			
			ck if polition	cal conti	ribution returned to filer
		Reimbursement for Constitutional chairs expenditure			
	Date	Name of person from whom amount is received			Amount (\$)
	09/29/2023	Middleton, Mayes			\$3,079.00
		Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, only, state, 2-p scale			
		Galveston , TX 77559			
			ck if nolitio	cal conti	Iribution returned to filer
		Reimbursemtn for TXDOT Signs for Ken Clark Highway	on ii poiiti	Jan 001111	ibation retained to mer
	Date	Name of person from whom amount is received			Amount (\$)
	08/18/2023	Middleton, Mayes			\$210.00
		Address of person from whom amount is received; City; State; Zip Code			
		Galveston, TX 77559			
		Purpose for which amount is received	ck if polition	cal conti	ribution returned to filer
		Constitutional Chair Reimbursement			
_	Date	Name of person from whom amount is received			Amount (\$)
	08/18/2023	Roan, Debbie			\$421.00
	00/10/2020				Ψ - 21.00
		Address of person from whom amount is received; City; State; Zip Code			
		Houston, TX 77059			
			ck if polition	cal conti	ribution returned to filer
L		Reimbursement			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 96/96 2 FILER NAME Filer ID (Ethics Commission Filers) Friends of Dr. Greg Bonnen 00067893 8 Amount (\$) Date 5 Name of person from whom amount is received 10/22/2023 Taylor, Larry \$421.09 6 Address of person from whom amount is received; City; State; Zip Code Friendswood, TX 77546 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for Constitutional Chair for GCRP Amount (\$) Name of person from whom amount is received Date 12/16/2023 Taylor, Larry \$441.66 Address of person from whom amount is received; City; State; Zip Code Friendswood, TX 77546 Purpose for which amount is received Check if political contribution returned to filer Reimbursement