# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

|                            | Guide explains how to comple | ete this form.  | 1 Filer ID<br>(Ethics Commiss<br>00084408 | sion Filers)      | 2 Total pages filed:<br>33  |
|----------------------------|------------------------------|-----------------|---|-------------------|---|
| 3 CANDIDATE /              | MS / MRS / MR                | FIRST           |   | MI                | OFFICE USE ONLY   |
| OFFICEHOLDER<br>NAME       | The Honorable                | James D.        |   |                   | Date Received   |
|                            |                              |                 |   |                   | ELECTRONICALLY FILED  |
|                            | NICKNAME                     |                 |   | CUEEN             | 01/15/2024  |
|                            | NICKNAME<br>Jim              | LAST<br>Wright  |   | SUFFIX            | 01/15/2024  |
|                            |                              |                 |   |                   |   |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT /      | SUITE#; CIT     | Υ;  | ZIP CODE          | Date Hand-delivered or Date Postmarked                            |
| MAILING                    | P.O. Box 41964               |                 |   |                   | Receipt # Amount  |
| ADDRESS                    |                              |                 |   |                   | Amount  |
| Change of Address          | Houston, TX 77241            |                 |   |                   | Date Processed  |
|                            |                              |                 |   |                   |   |
|                            |                              |                 |   |                   | Date Imaged   |
|                            |                              |                 |   |                   |   |
| 5 CAMPAIGN                 | MS / MRS / MR                | FIRST           |   | MI                | -   |
| TREASURER<br>NAME          | Mr.                          | Daniel J.       |   |                   |   |
| I WWIE                     |                              |                 |   |                   |   |
|                            | NICKNAME                     | LAST            | •••••                                     | SUFFIX            |   |
|                            |                              | Fiallos-Diaz    |   |                   |   |
|                            |                              |                 |   |                   |   |
| 6 CAMPAIGN                 | STREET ADDRESS (NO PO        | BOX PLEASE);    | APT                                       | / SUITE #; CITY;  | STATE; ZIP CODE   |
| TREASURER<br>ADDRESS       | 4723 FM 892                  |                 |   |                   |   |
|                            |                              |                 |   |                   |   |
| (Residence or Business)    | Robstown, TX 78380           |                 |   |                   |   |
|                            |                              |                 |   |                   |   |
|                            |                              |                 |   |                   |   |
| 7 CAMPAIGN                 | AREA CODE PHON               | E NUMBER E      | EXTENSION                                 |                   |   |
| TREASURER<br>PHONE         | (361) 387-9400               |                 |   |                   |   |
|                            |                              |                 |   |                   |   |
| 8 REPORT<br>TYPE           |                              |                 |   | <b>-</b>          | 1   |
| ''''                       | X January 15                 | 30th day before | election                                  | Runoff            | 15th day after campaign treasurer appointment (officeholder only) |
|                            | July 15                      | 8th day before  |   | Exceeded modified | Final Report (Attach C/OH-FR)                                     |
|                            |                              | •               |   | reporting limit   |   |
| 9 PERIOD                   | Month Day Year               |                 |   | Month Day         | Year  |
| COVERED                    | 07/01/2023                   | T⊢              | IROUGH                                    | 12/31/2023        | 3   |
|                            |                              |                 |   |                   |   |
| 10 ELECTION                | ELECTION DATE                |                 |   | ELECTION TYPE     |   |
|                            | Month Day Year               | P               | rimary                                    | Runoff            | Other   |
|                            |                              | l П             | eneral                                    | Special           |   |
|                            |                              |                 |   | ш.                |   |
| 11 OFFICE                  | OFFICE HELD (if any)         |                 |   | 12 OFFICE SOUGHT  | (if known)  |
|                            | Railroad Commissioner        |                 |   | 12 011102 0000111 | (ii kilowii)  |
|                            |                              |                 |   |                   |   |
|                            |                              |                 |   |                   |   |
|                            |                              |                 |   |                   |   |
|                            |                              |                 |   |                   |   |
|                            |                              | GO T            | O PAGE 2                                  |                   |   |
|                            |                              |                 |   |                   |   |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 33

| 13 C / OH NAME                                 | Wright, James D. (Th             | e Honorable)  | <b>14</b> Filer ID 00084408  | (Ethics Commission Filers) |
|--|----------------------------------|---|------------------------------|----------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | olitical contributions accepted or political expend<br>These expenditures may have been made witho<br>officeholders are required to report this informa | ut the candidate's or office | eholder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME  |                              |                            |
| ш°   | GENERAL                          |   |                              |                            |
|  |                                  | COMMITTEE ADDRESS   |                              |                            |
|  | SPECIFIC                         |   |                              |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAME   | :                            |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADDR   | ESS                          |                            |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | ZED POLITICAL CONTRIBUTIONS (OTHER TIES OF LOANS, OR CONTRIBUTIONS MADE E   |                              | \$ 0.00                    |
|  |                                  | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOA  | NS)                          | \$ 56,480.00               |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | ZED POLITICAL EXPENDITURES  |                              | \$ 0.39                    |
|  | 4. TOTAL POLITIC                 | AL EXPENDITURES   |                              | <b>\$</b> 51,015.27        |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE    | AL CONTRIBUTIONS MAINTAINED AS OF THE<br>RIOD   | LAST DAY OF THE              | \$ 256,241.01              |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS A<br>TING PERIOD   | AS OF THE LAST DAY           | \$ 0.00                    |
| <b>17</b> AFFIDAVIT                            |                                  | I swear, or affirm, under pen<br>true and correct and include<br>under Title 15, Election Code  | all information required t   |                            |
|  |                                  | The Ho  | norable James D. Wrig        | ht                         |
|  |                                  | Signature   | of Candidate or Officehol    | der                        |
| AFFIX NO                                       | TARY STAMP / SEAL ABO            | DVE   |                              |                            |
| Sworn to and subs                              | cribed before me, by the s       | aid   | , this the                   | day                        |
| of   | , 20, to ce                      | ertify which, witness my hand and seal of office.   |                              |                            |
| Signature of office                            | cer administering                | Printed name of officer administering   | Title of office              | r administering oath       |

# SUBTOTALS - C/OH

## FORM C/OH

|    |        |  | C                | JVER S | 3 of 33     |
|----|--------|--|------------------|--------|-------------|
| I  | ER NAN | (Ethics Cor  | mmission Filers) |        |             |
|    |        | E SUBTOTALS<br>SCHEDULE  |                  | SUBT   | OTAL AMOUNT |
| 1. | X      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |                  | \$     | 56,480.00   |
| 2. |        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |                  | \$     |             |
| 3. |        | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                  | \$     |             |
| 4. |        | SCHEDULE E: LOANS  |                  | \$     |             |
| 5. | X      | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | 6                | \$     | 51,015.27   |
| 6. |        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |                  | \$     |             |
| 7. |        | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | ONS              | \$     |             |
| 8. |        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |                  | \$     |             |
| 9. |        | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |                  | \$     |             |
| 10 | · 🔲    | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS                 | OF C/OH          | \$     |             |
| 11 | · 🔲    | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | DNS              | \$     |             |
| 12 | · 🔲    | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I<br>TO FILER | RETURNED         | \$     |             |
|    |        |  |                  |        |             |

| MONETARY POLITICAL CONTRIBUTIONS   |   |   |  |                                      | SCHEDULE A1                                    |   |
|--|---|---|--|--------------------------------------|--|---|
|  | The Instru  | ction Guide explains how to complete this f   | orm.   | 1                                    | Total pages Schedule A1:<br>Sch: 1/6 Rpt: 4/33 | = |
| 2  | FILER NAME<br>Wright, Jame  | es D. (The Honorable)   |  | 3                                    | Filer ID (Ethics Commission Filers) 00084408   |   |
| 4  | Date 11/16/2023   |   |  | 7                                    | Amount of Contribution (\$) \$100.00           | _ |
| _  | Pointing I accord   | Corpus Christi, TX 78413  |  |                                      |  | _ |
| 8  | Geophysicis   | occupation / Job title (See Instructions)  sicist  9 Employer (See Instructions  Bergsma Consulting                             |  |                                      |  |   |
|  | Date Full name of contributor out-of-state PAC (ID#:)  11/16/2023 Broussard, Paul  Contributor address; City; State; Zip Code |   |  | Amount of Contribution (\$) \$100.00 | -<br>)   |   |
|  | Houston, TX 77079  Principal occupation / Job title (See Instructions)  Employer (See Instructions)                           |   |  | <u> </u>                             |  | _ |
| Employer (See instructions)  |   |   |  |                                      |  |   |
|  | Date Full name of contributor out-of-state PAC (ID#:)  11/16/2023 Charba, John  Contributor address; City; State; Zip Code    |   |  | Amount of Contribution (\$) \$30.00  | )  |   |
|  |   | Robstown, TX 78380  |  |                                      |  |   |
|  | Principal occu<br>Farming   | pation / Job title (See Instructions)   | Employer (See Instructions<br>Charba Farms     | )                                    |  |   |
|  | Date<br>12/19/2023  | Full name of contributor out-of-state PAC (ID#:_ Coffin Renner LLP Contributor address; City; State; Zip Code  Austin, TX 78705 |  |                                      | Amount of Contribution (\$) \$10,000.00        | ) |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   |   | Employer (See Instructions                     | )                                    |  |   |
|  | Date<br>10/02/2023  | Full name of contributor out-of-state PAC (ID#:_Edwards, D. Kirk  Contributor address; City; State; Zip Code  Odessa, TX 79762  |  |                                      | Amount of Contribution (\$) \$5,000.00         | - |
|  | Principal occu<br>Engineer  | pation / Job title (See Instructions)   | Employer (See Instructions<br>Latigo Petroleum | )                                    |  | _ |
|  |   |   |  |                                      |  |   |

|   | MONET  | ARY POLITICAL CONTRIBUTION  | SCHEDULE A                                |                             |  |            |
|---|--|---|---|-----------------------------|--|------------|
|   | The Instru   | ction Guide explains how to complete this f   | orm.                                      | 1                           | Total pages Schedule A1:<br>Sch: 2/6 Rpt: 5/33 |            |
| 2   | FILER NAME<br>Wright, Jame   | es D. (The Honorable)   |   | 3                           | Filer ID (Ethics Commission 00084408           | on Filers) |
| 4   | Date<br>10/23/2023   | 5 Full name of contributor out-of-state PAC (ID#:)                                    |   | 7                           | Amount of Contribution (\$)                    | \$2,500.00 |
| _   | Daine in all account   | Dallas, TX 75229-6269   |   |                             |  |            |
| 8   | SVP  | occupation / Job title (See Instructions)  9 Employer (See Instructions WTG Midstream |   | )                           |  |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  11/16/2023 Hackman, Dodd  Contributor address; City; State; Zip Code  Houston, TX 77024 |   |   | Amount of Contribution (\$) | \$100.00                                       |            |
| Principal occupation / Job title (See Instructions)  Employer (See Instruction  |  |   |   | )                           |  |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  10/23/2023 Langham, Jay  Contributor address; City; State; Zip Code                     |   |   | Amount of Contribution (\$) | \$5,000.00                                     |            |
|   | Deinsinal assu   | Wimberley, TX 78676-5600  | Franksian (Cook batwatians                |                             |  |            |
|   | COO  | pation / Job title (See Instructions)   | Employer (See Instructions West Texas Gas | )                           |  |            |
| Date Full name of contributor out-of-state PAC (ID#:)  12/31/2023 Lloyd Gosselink Rochelle  Contributor address; City; State; Zip Code  Austin, TX 78701-2478 |  |   | Amount of Contribution (\$)               | \$1,000.00                  |  |            |
|   | Principal occu   | pation / Job title (See Instructions)   | Employer (See Instructions                | )                           |  |            |
|   | Date<br>10/24/2023   | Full name of contributor  |   |                             | Amount of Contribution (\$)                    | \$1,000.00 |
|   | Principal occu   | pation / Job title (See Instructions)   | Employer (See Instructions                | )                           |  |            |
|   |  |   |   |                             |  |            |

|  | MONET   | ARY POLITICAL CONTRIBUTION   | SCHEDULE A1                  |                             |  |            |
|--|---|--|------------------------------|-----------------------------|--|------------|
|  | The Instru  | ction Guide explains how to complete this f  | orm.                         | 1                           | Total pages Schedule A1:<br>Sch: 3/6 Rpt: 6/33 |            |
| 2  | FILER NAME<br>Wright, Jame  | es D. (The Honorable)  |                              | 3                           | Filer ID (Ethics Commission 00084408           | on Filers) |
| 4  | Date 11/16/2023   |  |                              | 7                           | Amount of Contribution (\$)                    | \$1,000.00 |
| _  | Daine in all a con-   | Hitchcock, TX 77563  |                              |                             |  |            |
| 8  | Principal occu  | pation / Job title (See Instructions)  | 9 Employer (See Instructions | )                           |  |            |
|  | Date<br>11/16/2023  | ./16/2023 McBride, Joseph  Contributor address; City; State; Zip Code  |                              |                             | Amount of Contribution (\$)                    | \$50.00    |
|  | Austin, TX 78757  Principal occupation / Job title (See Instructions)  Employer (See Instruction  |  |                              | )                           |  |            |
|  | Date Full name of contributor out-of-state PAC (ID#:)  10/23/2023 Melton, Billy  Contributor address; City; State; Zip Code                   |  |                              | Amount of Contribution (\$) | \$1,000.00                                     |            |
|  | Principal occu  | Runaway Bay, TX 76426-9428  pation / Job title (See Instructions)  | Employer (See Instructions   | )                           |  |            |
|  | Land & right  |  | WTG Midstream                |                             |  |            |
|  | Date Full name of contributor out-of-state PAC (ID#:)  12/31/2023 Neale, George  Contributor address; City; State; Zip Code  Austin, TX 78767 |  | )                            |                             | Amount of Contribution (\$)                    | \$500.00   |
| Principal occupation / Job title (See Instructions) Attorney |   | Employer (See Instructions self  | )                            |                             |  |            |
|  | Date<br>12/31/2023  | Full name of contributor out-of-state PAC (ID#:)  2023 NuStar PAC  Contributor address; City; State; Zip Code  San Antonio, TX 78278 |                              |                             | Amount of Contribution (\$)                    | \$5,000.00 |
|  | Principal occu  | pation / Job title (See Instructions)  | Employer (See Instructions   | )                           |  |            |
|  |   |  |                              |                             |  |            |

| MONETARY POLITICAL CONTRIBUTIONS                     |   |  |  |   | SCHEDULE A1                 |  |            |
|--|---|--|--|---|-----------------------------|--|------------|
|  | The Instruc   | ction Guide explains how t                                     | o complete this forr                     | n.                                      | 1                           | Total pages Schedule A1:<br>Sch: 4/6 Rpt: 7/33 |            |
| 2  | FILER NAME<br>Wright, Jame  | es D. (The Honorable)  |  |   | 3                           | Filer ID (Ethics Commissi 00084408             | on Filers) |
| 4  | Date 11/16/2023   | <b>L</b> ,   |  | 7                                       | Amount of Contribution (\$) | \$2,500.00                                     |            |
| g  | Principal occur   | Corpus Christi, TX 78469 pation / Job title (See Instructions) | اه                                       | Employer (See Instructions              |                             |  |            |
| 0  | Vice Chairma  |  |  |   | 5                           |  |            |
|  | Date Full name of contributor out-of-state PAC (ID#:)  12/18/2023 Powell, James  Contributor address; City; State; Zip Code |  |  | Amount of Contribution (\$)             | \$100.00                    |  |            |
|  | District  | San Angelo, TX 76903   |  | For all and (On a land westing          |                             |  |            |
|  | Principal occu  | pation / Job title (See Instructions)                          |  | Employer (See Instructions              | )                           |  |            |
|  | Date<br>10/23/2023  |  |  | )                                       |                             | Amount of Contribution (\$)                    | \$1,000.00 |
|  | Deinsinal assu  | Houston, TX 77007-3236   |  | Franks on (Cas Instructions             |                             |  |            |
|  |   |  | Employer (See Instructions WTG Midstrean | )                                       |                             |  |            |
| Date Full name of contributor out-of-state PAC (ID#: |   |  |  | Amount of Contribution (\$)             | \$500.00                    |  |            |
|  |   | Employer (See Instructions<br>Hands constructors               | )  |   |                             |  |            |
|  | Date<br>12/31/2023  |  |  |   | Amount of Contribution (\$) | \$10,000.00                                    |            |
|  | Principal occu<br>Co-CEO  | pation / Job title (See Instructions)                          |  | Employer (See Instructions Double Eagle | )                           |  |            |
|  |   |  | · ·                                      |   |                             |  |            |

| MONETARY POLITICAL CONTRIBUTIONS  |   |   | SCHEDULE A1                           |  |                             |  |            |
|---|---|---|---------------------------------------|--|-----------------------------|--|------------|
|   | The Instru  | ction Guide explains how  | to complete this for                  | m.   | 1                           | Total pages Schedule A1:<br>Sch: 5/6 Rpt: 8/33 |            |
| 2   | FILER NAME<br>Wright, Jame  | es D. (The Honorable)   |                                       |  | 3                           | Filer ID (Ethics Commission 00084408           | on Filers) |
| 4   | Date 11/16/2023   | 5 Full name of contributor out-of-state PAC (ID#:)                  |                                       | 7  | Amount of Contribution (\$) | \$500.00                                       |            |
| 8   | Principal occu  | Tyler, TX 75703 pation / Job title (See Instructions)               | 9                                     | Employer (See Instructions                   | )                           |  |            |
|   | Date 11/11/2023   | Full name of contributor  Snow, Dan  Contributor address; City; Sta | out-of-state PAC (ID#:                | Barrow Shaver Resourc                        | es                          | Amount of Contribution (\$)                    | \$500.00   |
|   | Andrews, TX 79714  Principal occupation / Job title (See Instructions)  Engineer  Engineer  Employer (See Instruction Self                            |   |                                       | )  |                             |  |            |
|   | Date<br>12/29/2023  | out of state 17th (18th.  |                                       |  |                             | Amount of Contribution (\$)                    | \$2,500.00 |
|   |   | Austin, TX 78703  |                                       |  |                             |  |            |
| Principal occupation / Job title (See Instructions)  Self  Employer (See Instructions)  consultant                                    |   |   | Employer (See Instructions consultant | )  |                             |  |            |
| Date  Full name of contributor out-of-state PAC (ID#:  Stallings, Kyle  Contributor address; City; State; Zip Code  Midland, TX 79702 |   |   |                                       | Amount of Contribution (\$)                  | \$1,000.00                  |  |            |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions Desert Royalty Company                   |                                       |  |                             |  |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  10/23/2023 Steen III, John  Contributor address; City; State; Zip Code  Houston, TX 77019-1411 |   |                                       | Amount of Contribution (\$)                  | \$3,000.00                  |  |            |
|   | Principal occu<br>VP  | pation / Job title (See Instructions)                               |                                       | Employer (See Instructions<br>Sage Midstream | )                           |  |            |
|   |   |   |                                       |  |                             |  |            |

|   | MONET                     | ARY POLITICAL CONTRIBUTIONS                     | SCHEDULE A1                                       |
|---|---------------------------|---|---|
|   | The Instru                | ction Guide explains how to complete this form. | 1 Total pages Schedule A1:<br>Sch: 6/6 Rpt: 9/33  |
|   | FILER NAME<br>Wright, Jam | es D. (The Honorable)                           | 3 Filer ID (Ethics Commission Filers)<br>00084408 |
|   | Date<br>10/24/2023        | 5 Full name of contributor                      | 7 Amount of Contribution (\$) \$2,500.00          |
|   |                           | Tulsa, OK 74103                                 |   |
| 8 | Principal occu            | ppation / Job title (See Instructions)  9 Emp   | ployer (See Instructions)                         |
|   |                           |   |   |

### 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: 1/24 Rpt: 10/33                               | Wright, James D. (The Honorable) 00084408   |
| 4 | Date   | 5 Payee name  |
|   | 11/28/2023   | Amazon  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$35.73  | 410 Terry Ave N   |
|   |  |   |
|   |  | Seattle, WA 98109   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|   | OF<br>EXPENDITURE                                  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  Supplies                              |
|   |  | Supplies  |
| 9 | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held                                   |
| 9 | expenditure to benefit C/O                         |   |
|   |  |   |
|   | Date   | Payee name  |
|   | 12/31/2023   | Anedot  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$481.80   | 1340 Poydras Street Suite 1770  |
|   |  |   |
|   |  | New Orleans, LA 70112   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|   | OF<br>EXPENDITURE                                  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.               |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | onlne contribution fees for reporting period  |
|   | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held                                   |
|   | expenditure to benefit C/O                         |   |
|   |  |   |
|   | Date   | Payee name  |
|   | 07/01/2023   | Aristotle   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$550.00   | P.O. Box 716045   |
|   |  |   |
|   |  | Philadelphia, PA 19171  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|   | OF<br>EXPENDITURE                                  | Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T. |
|   | LAFENDITORE  | Check if Austin, TX, officeholder living expense  |
|   |  | compliance software   |
|   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held                                   |
|   | experialitate to betterit 6/01                     | <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

| Total pages Schedule F1: Sch: 2/24 Rpt: 11/33  Viright, James D. (The Honorable)  Total pages Schedule F1: Sch: 2/24 Rpt: 11/33  Total pages Schedule F1: Sch: 2/24 Rpt: 11/34  Total pages Schedule F1: Sch: 2/24 Rpt: 2/24 Rpt: 2/24  Total pages Schedule F1: Schedule Schedule F1: S    |
|---|
| 4 Date 08/01/2023 5 Payee name Aristotle  6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense ompliance software  Office Overhead/Rental Expense  Office Sought Office Sought Office held  Date 08/31/2023 Payee name Aristotle  Amount (\$) Payee name Aristotle  Amount (\$) Payee address; City; State; Zip Code Police Rental Expense of Police Rental Expense or Pol |
| O8/01/2023 Aristotle  7 Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  8 PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH  Date O8/31/2023 Amount (\$) Payee name Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Sought  Office Overhead/Rental Expense  (b) Description Office held  Office Held  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if the top of this schedule) Check if the top of this schedule Check if the top of the top of this schedule Check if the top of this schedule Check if the top of the the top of   |
| Amount (\$) \$550.00 P.O. Box 716045 Philadelphia, PA 19171  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Compliance Software  Office Overhead/Rental Expense Compliance Software  Candidate/Officeholder name Office sought Office held  Payee name Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office held  Payee name Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Compliance Software  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office sought Office held  |
| \$550.00 P.O. Box 716045 Philadelphia, PA 19171  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  9 Complete ONLY if direct expenditure to benefit C/OH  Date 08/31/2023 Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Sought Check if Taxel outside of Texas. Complete Schedule T. Office held  Date 08/31/2023 Aristotle  Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  |
| Philadelphia, PA 19171  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description   Check it ravel outside of Texas. Complete Schedule T.   Check it Austin, TX. officeholder living expense compliance software  9 Complete ONLY if direct expenditure to benefit C/OH  Date  |
| 8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense compliance software  9 Complete ONLY if direct expenditure to benefit C/OH  Date O8/31/2023  Amount (\$) Payee name Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045  Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held   |
| 8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense compliance software  9 Complete ONLY if direct expenditure to benefit C/OH  Date O8/31/2023  Amount (\$) Payee name Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045  Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held   |
| Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Sought Office It in a complete on the stream of t    |
| Payee name 08/31/2023 Aristotle Amount (\$) Payee address; City; State; Zip Code Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Sought  (b) Description Check if Austin, TX, officeholder living expense compliance software  (b) Description Check if I travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance software  (b) Description Check if I travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance software  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office sought Office held   |
| Payee name 08/31/2023 Aristotle Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Sought Office Sought Office Sought Office Sought Office Sought Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office Sought Office held  |
| 9 Complete ONLY if direct expenditure to benefit C/OH  Date   |
| Date 08/31/2023 Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office sought Office held   |
| Date 08/31/2023 Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045 Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office sought Office held   |
| Date 08/31/2023 Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045  Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance software  Candidate/Officeholder name Office sought Office held  |
| Aristotle  Amount (\$) Payee address; City; State; Zip Code P.O. Box 716045  Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office Sought  Office sought  Office held   |
| Amount (\$)  Payee address; City; State; Zip Code  P.O. Box 716045  Philadelphia, PA 19171  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance software  Candidate/Officeholder name Office sought Office held   |
| PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance software  Candidate/Officeholder name Office sought Office held   |
| PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Check if Layerse  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance software  Office sought  Office held   |
| PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance software  Candidate/Officeholder name Office sought Office held   |
| PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance software  Candidate/Officeholder name Office sought Office held   |
| Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense compliance software  Complete ONLY if direct expenditure to benefit C/OH  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense compliance software   |
| EXPENDITURE  Office Overnead/Rental Expense  Check if Austin, TX, officeholder living expense compliance software  Complete ONLY if direct expenditure to benefit C/OH  Check if Austin, TX, officeholder living expense compliance software  Office sought Office held   |
| Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Compliance software  Office sought  Office held   |
| Complete ONLY if direct   |
| expenditure to benefit C/OH   |
| expenditure to benefit C/OH   |
| Date Payee name   |
| Payee name  |
| 1 10/01/2022 Aristotle  |
| 10/01/2023 Aristotle  |
| Amount (\$) Payee address; City; State; Zip Code  |
| \$550.00 P.O. Box 716045  |
|   |
| Philadelphia, PA 19171  |
| 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.   |
| Cneck if Austin, 1X, officenoider living expense  |
| compliance software   |
| Operation ONLY if all and the Company of the Compan    |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH   |
|   |
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|   |

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

|   | Candidate/Officeholder/Politica<br>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: 3/24 Rpt: 12/33                                   | Wright, James D. (The Honorable) 00084408   |
| 4 | Date   | 5 Payee name  |
|   | 11/01/2023   | Aristotle   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$550.00   | P.O. Box 716045   |
|   |  |   |
|   |  | Philadelphia, PA 19171  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|   |  | Check if Austin, TX, officeholder living expense  compliance software   |
|   |  | compliance software   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9 | expenditure to benefit C/O                             |   |
| _ | Data   |   |
|   | Date   | Payee name  |
|   | 12/02/2023   | Aristotle   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$550.00   | P.O. Box 716045   |
|   |  |   |
|   |  | Philadelphia, PA 19171  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  compliance software   |
|   |  | compliance software   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| _ | Data   | Davies same   |
|   | Date<br>11/01/2023                                     | Payee name  Domain Name Services  |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$265.00   | 924 Bergen Ave  |
|   |  | Ste 289   |
|   |  | Jersey City, NJ 07306   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  domain renewal  |
|   |  | uomam renewai   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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 Guide explains how to con  | nple | ete this form.  |
|--|---|--|------|---|
| 1  | Total pages Schedule F1:                            | 2 FILER NAME   |      | 3 Filer ID (Ethics Commission Filers)                               |
|  | Sch: 4/24 Rpt: 13/33                                | Wright, James D. (The Honorable)   |      | 00084408  |
| 4  | Date  | 5 Payee name   |      | <u>'</u>  |
|  | 12/01/2023  | Environmental Evolution Transportation   |      |   |
| 6  | Amount (\$)   | 7 Payee address; City; State; Zip Coc  | de   |   |
|  | \$2,475.00  | PO Box 709   |      |   |
|  |   |  |      |   |
|  |   | Robstown, TX 78380   |      |   |
| 8  | PURPOSE   | (a) Category (See Categories listed at the top of this schedule)                       | (b)  | Description   |
|  | OF<br>EXPENDITURE                                   | Travel In District   |      | Check if Austin TV officeholder living eveness                      |
|  |   |  |      | Check if Austin, TX, officeholder living expense air travel         |
|  |   |  |      | an davor  |
| 9  | Complete ONLY if direct                             | Candidate/Officeholder name Office soug  | ht   | Office held   |
|  | expenditure to benefit C/OI                         | <del>1</del>   |      |   |
| F  | Date  | Payee name   |      |   |
|  | 10/18/2023  | Franklin Creative Group  |      |   |
| ┝  | Amount (\$)   | Payee address; City; State; Zip Coo  | de   |   |
|  | \$6,994.15  | 558 Castle Pines Pkwy  |      |   |
|  |   | Suite B-4, Box 333   |      |   |
|  |   | Castle Pines, CO 80108   |      |   |
| H  | PURPOSE   | (a) Category (See Categories listed at the top of this schedule)                       | (b)  | Description   |
|  | OF  | Solicitation/Fundraising Expense   | ` '  | Check if travel outside of Texas. Complete Schedule T.              |
|  | EXPENDITURE   | ů .  |      | Check if Austin, TX, officeholder living expense                    |
|  |   |  |      | print and post solicitation letter                                  |
| ⊢  | Complete ONLY if direct                             | Candidate/Officeholder name Office soug  | ht   | Office held   |
|  | expenditure to benefit C/OI                         | <u> </u>   | jiit | Office field  |
| ⊨  | Date  | Davies name  |      |   |
|  | 08/29/2023  | Payee name<br>Fresas   |      |   |
| ┝  | Amount (\$)   | Payee address; City; State; Zip Coo  | 40   |   |
|  | \$51.62   | 1703 S 1st St  | JC   |   |
|  | Ψ01.02  | 1,00 0 1500  |      |   |
|  |   | Austin, TX 78704   |      |   |
| ┝  | PURPOSE   |  | (h)  | Deparintion   |
|  | OF  | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (D)  | Description  Check if travel outside of Texas. Complete Schedule T. |
|  | EXPENDITURE   | 1 odd/Beverage Expense   |      | Check if Austin, TX, officeholder living expense                    |
|  |   |  |      | meal at meeting   |
|  |   |  |      |   |
|  | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug  | ght  | Office held   |
| $ldsymbol{ld}}}}}}$ | experientare to benefit 6/01                        | •  |      |   |
|  |   |  |      |   |
|  |   |  |      |   |

### 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 con                        | mple | ete this form.   |
|----|---|--|------|--|
| 1  | Total pages Schedule F1:                            | 2 FILER NAME   |      | 3 Filer ID (Ethics Commission Filers)  |
|    | Sch: 5/24 Rpt: 14/33                                | Wright, James D. (The Honorable)                                 |      | 00084408   |
| 4  | Date  | 5 Payee name   |      | •  |
|    | 12/01/2023  | Go Daddy   |      |  |
| 6  | Amount (\$)   | 7 Payee address; City; State; Zip Co                             | de   |  |
|    | \$204.54  | 14455 N Hayden Rd  |      |  |
|    |   |  |      |  |
|    |   | Scottsdale, AZ 85260   |      |  |
| 8  | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description  |
|    | OF<br>EXPENDITURE                                   | Advertising Expense  |      | Check if travel outside of Texas. Complete Schedule T.   |
|    | -   |  |      | Check if Austin, TX, officeholder living expense website renewal   |
|    |   |  |      | website renewal  |
| 9  | Complete ONLY if direct                             | Candidate/Officeholder name Office sou                           | aht  | Office held  |
|    | expenditure to benefit C/OI                         |  | giit | Cince Hold   |
| _  | Date  | Davisa nama  |      |  |
|    | 12/26/2023  | Payee name<br>Godaddy  |      |  |
|    | Amount (\$)   | Payee address; City; State; Zip Co.                              | do   |  |
|    | \$127.79  | 14455 N Hayden Rd Suite 100                                      | ue   |  |
|    | Ψ121.13   | 14455 Whaydell Nd Suite 100                                      |      |  |
|    |   | Scottsdale, AZ 85260   |      |  |
|    | DUDDOCE   |  | /l-\ |  |
|    | PURPOSE<br>OF                                       | ,  | (a)  | Description  Check if travel outside of Texas. Complete Schedule T.                                      |
|    | EXPENDITURE   | Advertising Expense  |      | Check if Austin, TX, officeholder living expense   |
|    |   |  |      | email hosting  |
|    |   |  |      |  |
|    | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou                           | ght  | Office held  |
|    | experialiture to benefit C/Oi                       | 1  |      |  |
|    | Date  | Payee name   |      |  |
|    | 10/11/2023  | HEB  |      |  |
|    | Amount (\$)   | Payee address; City; State; Zip Co                               | de   |  |
|    | \$53.02   | 701 S Capital of Texas Hwy                                       |      |  |
|    |   |  |      |  |
|    |   | West Lake Hills, TX 78746  |      |  |
|    | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | (b)  | Description  |
|    | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|    |   |  |      | bevs and snacks for cap office   |
|    |   |  |      | 22.2 Silve Silve ist oup office  |
|    | Complete ONLY if direct                             | Candidate/Officeholder name Office sou                           | ght  | Office held  |
|    | expenditure to benefit C/OI                         |  |      |  |
|    |   |  |      |  |
|    |   |  |      |  |
| Ec | rms provided by Tayas F                             | thice Commission www.athics state ty u                           | _    | Version V2 5 1 0f291ah(  |

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |    |
|---|--|--|----|
| _ |  | <u> </u>   |    |
| 1 | Total pages Schedule F1:<br>Sch: 6/24 Rpt: 15/33   | 2 FILER NAME Wright, James D. (The Honorable) 3 Filer ID (Ethics Commission Filer 00084408 | S) |
| 4 | Date   | 5 Payee name   |    |
|   | 11/01/2023   | HEB  |    |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |    |
|   | \$51.13  | 701 S Capital of Texas Hwy   |    |
|   |  |  |    |
|   |  | West Lake Hills, TX 78746  |    |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description           |    |
|   | OF   | Food/Beverage Expense  |    |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |    |
|   |  | bevs and snacks for cap office   |    |
|   |  |  |    |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held                                      |    |
|   | Date   | Payee name   |    |
|   | 11/14/2023   | HEB  |    |
|   |  |  |    |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |    |
|   | \$29.40  | 701 S Capital of Texas Hwy   |    |
|   |  |  |    |
|   |  | West Lake Hills, TX 78746  |    |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description           |    |
|   | OF<br>EXPENDITURE  | Food/Beverage Expense  |    |
|   | -  | Check if Austin, TX, officeholder living expense   |    |
|   |  | bev and snacks for office  |    |
|   |  |  |    |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held H                                    |    |
|   | Date   | Payee name   |    |
|   | 08/05/2023   | HEB  |    |
|   |  |  |    |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |    |
|   | \$101.17   | 701 S Capital of Texas Hwy   |    |
|   |  |  |    |
|   |  | West Lake Hills, TX 78746  |    |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description           |    |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense   |    |
|   | LXI LINDITORL  | Check if Austin, TX, officeholder living expense   |    |
|   |  | supplies   |    |
|   |  |  |    |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                                      |    |
|   | expenditure to benefit C/OI  | Н  |    |
|   |  |  |    |
|   |  |  |    |
|   |  |  |    |

### 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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment     | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |  |  |  |  |
|---|--|---|--|--|--|--|
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |
|   | Sch: 7/24 Rpt: 16/33                                       | Wright, James D. (The Honorable) 00084408   |  |  |  |  |
| 4 | Date   | 5 Payee name  |  |  |  |  |
|   | 12/07/2023   | HEB   |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$83.24  | 701 S Capital of Texas Hwy  |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | West Lake Hills, TX 78746   |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  Supplies  |  |  |  |  |
|   |  |   |  |  |  |  |
| _ | Operation ONLY if allowed                                  | Our stide to 100% as health as a sure   |  |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
|   |  |   |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |
|   | 07/06/2023   | HEB   |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$101.98   | 701 S Capital of Texas Hwy  |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | West Lake Hills, TX 78746   |  |  |  |  |
|   | PURPOSE<br>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  Supplies  |  |  |  |  |
|   |  | Supplies  |  |  |  |  |
|   | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
|   | expenditure to benefit C/O                                 | - · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |
|   |  |   |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |
|   | 09/23/2023   | HEB   |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$19.46  | 701 S Capital of Texas Hwy  |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | West Lake Hills, TX 78746   |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense  |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  |  |  |  |  |
|   |  | supplies  |  |  |  |  |
| L | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI |   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  |   |  |  |  |  |

### SCHEDULE F1

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

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

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

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

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

|   | Candidate/Officeholder/Politica<br>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: 8/24 Rpt: 17/33                                       | Wright, James D. (The Honorable) 00084408   |  |  |  |  |
| 4 | Date   | 5 Payee name  |  |  |  |  |
|   | 10/23/2023   | HEB   |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$26.69  | 701 S Capital of Texas Hwy  |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | West Lake Hills, TX 78746   |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense beverages for cap office   |  |  |  |  |
|   |  | beverages for eap office  |  |  |  |  |
| 9 | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
| 9 | expenditure to benefit C/O                                 |   |  |  |  |  |
| _ |  |   |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |
|   | 11/01/2023   | Harland Clarke  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$321.88   | 15955 La Cantera Pkwy   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | San Antonio, TX 78256   |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  Checks  |  |  |  |  |
|   |  | GIEGRS  |  |  |  |  |
|   | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
|   | expenditure to benefit C/O                                 |   |  |  |  |  |
|   | 5 .  |   |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |
|   | 07/01/2023   | Krejci, Aaron   |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
|   | \$1,000.00   | 5207 Purple Sage Dr   |  |  |  |  |
|   |  | Unit A  |  |  |  |  |
|   |  | Austin, TX 78724  |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |  |  |  |  |
|   | EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |  |  |  |  |
|   |  | campaign work   |  |  |  |  |
|   | 0 1. 0   |   |  |  |  |  |
|   | 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)

Event Expense Loan Repayment/Reimbu

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

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |      |
|---|--|--|------|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission File  | ers) |
|   | Sch: 9/24 Rpt: 18/33   | Wright, James D. (The Honorable)   | 313) |
| 4 | Date   | 5 Payee name   |      |
|   | 08/01/2023   | Krejci, Aaron  |      |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |      |
|   | \$1,000.00   | 5207 Purple Sage Dr  |      |
|   |  | Unit A   |      |
|   |  | Austin, TX 78724   |      |
| 8 | PURPOSE  |  |      |
| ١ | OF   | (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. |      |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |      |
|   |  | campaign work  |      |
|   |  |  |      |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |      |
|   | expenditure to benefit C/OI  | DH   |      |
|   | Date   | Payee name   |      |
|   | 08/31/2023   | Krejci, Aaron  |      |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |      |
|   | \$1,000.00   | 5207 Purple Sage Dr  |      |
|   |  | Unit A   |      |
|   |  | Austin, TX 78724   |      |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |      |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor  |      |
|   | EXI ENDITORE   | Check if Austin, TX, officeholder living expense   |      |
|   |  | campaign work  |      |
|   |  |  |      |
|   | Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held OH   |      |
|   | Date   | Payee name   |      |
|   | 10/01/2023   | Krejci, Aaron  |      |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |      |
|   | \$1,000.00   | 5207 Purple Sage Dr  |      |
|   |  | Unit A   |      |
|   |  | Austin, TX 78724   |      |
|   | 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   |      |
|   |  | campaign work  |      |
|   | Commission ONU V if allows   | Condidate/Officeholder name Office county  |      |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held 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 Salaries/Wages/Contract Labor

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |
|---|---|--|
| 1 | Total pages Schedule F1:                            |  |
|   | Sch: 10/24 Rpt: 19/33                               | Wright, James D. (The Honorable) 00084408  |
| 4 | Date  | 5 Payee name   |
| _ | 11/01/2023  | Krejci, Aaron  |
| 6 | Amount (\$)<br>\$1,000.00                           | 7 Payee address; City; State; Zip Code 5207 Purple Sage Dr   |
|   | Ψ1,000.00   | Unit A   |
|   |   | Austin, TX 78724   |
| 8 | 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   |
|   |   | campaign work  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         |  |
|   | Date  | Payee name   |
|   | 12/02/2023  | Krejci, Aaron  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$1,000.00  | 5207 Purple Sage Dr  |
|   |   | Unit A   |
|   |   | Austin, TX 78724   |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE   | Salaries/Wages/Contract Labor  |
|   |   | campaign work  |
|   |   |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   | experialiture to benefit C/Oi                       |  |
|   | Date  | Payee name   |
|   | 07/01/2023  | Moore, Megan   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$500.00  | 2305 Barton Creek Blvd Unit 45   |
|   |   | Austin, TX 78735   |
|   | PURPOSE   |  |
|   | OF  | (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. |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |
|   |   | campaign work  |
|   | 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

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|----------|--|--|
| 1        | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|          | Sch: 11/24 Rpt: 20/33  | Wright, James D. (The Honorable)   |
| 4        | Date   | 5 Payee name   |
|          | 08/01/2023   | Moore, Megan   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$500.00   | 2305 Barton Creek Blvd   |
|          |  | Unit 45  |
|          |  | Austin, TX 78735   |
| 8        | PURPOSE  |  |
| ľ        | OF   | (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. |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|          |  | campaign work  |
|          |  |  |
| 9        | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held  |
|          |  | •  |
|          | Date   | Payee name   |
|          | 10/01/2023   | Moore, Megan   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$500.00   | 2305 Barton Creek Blvd   |
|          |  | Unit 45  |
|          |  | Austin, TX 78735   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expenses                                   |
|          |  | Check if Austin, TX, officeholder living expense  campaign work  |
|          |  | Campaign work  |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O   | <b>y</b>   |
|          | Date   | Payee name   |
| L        | 11/01/2023   | Moore, Megan   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$500.00   | 2305 Barton Creek Blvd   |
|          |  | Unit 45  |
|          |  | Austin, TX 78735   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor  |
|          |  | Check if Austin, TX, officeholder living expense   |
|          |  | campaign work  |
|          | 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 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/Political Committee Credit Card Payment |            |                | Legal Services Salaries/Wages/Contract Labor |                       |          |       |                  | OTHER (enter a category not listed above) |                     |                    |         |
|---|---|------------|----------------|--|-----------------------|----------|-------|------------------|---|---------------------|--------------------|---------|
|   | oroun oura r aymone   |            | •              | The Instruction Gu                           | uide explains ho      | ow to co | mple  | te this form.    |   |                     |                    |         |
| 1 | Total pages Schedule F1:  | 2 F        | FILER NAME     |  |                       |          |       |                  | 3   | Filer ID            | (Ethics Commission | Filers) |
|   | Sch: 12/24 Rpt: 21/33   | ١ ١        | Wright, Jame   | es D. (The Hon                               | orable)               |          |       |                  |   | 00084408            |                    |         |
| 4 | Date  | 5 F        | Payee name     |  |                       |          |       |                  |   |                     |                    |         |
|   | 12/02/2023  | <b>I</b>   | Moore, Mega    | an   |                       |          |       |                  |   |                     |                    |         |
| 6 | Amount (\$)   | <b>7</b> F | Payee addres   | s; City;                                     | State;                | Zip Co   | de    |                  |   |                     |                    |         |
|   | \$500.00  | 2          | 2305 Barton    | Creek Blvd                                   |                       |          |       |                  |   |                     |                    |         |
|   |   | ι          | Jnit 45        |  |                       |          |       |                  |   |                     |                    |         |
|   |   | /          | Austin, TX 7   | 8735   |                       |          |       |                  |   |                     |                    |         |
| 8 | PURPOSE   | _          |                | e Categories listed at t                     | no top of this school | dulo)    | (b)   | Description      |   |                     |                    |         |
|   | OF  |            |                | ges/Contract La                              |                       | uule)    | ( - , | _ `              | outsi                                     | de of Texas. Con    | nplete Schedule T. |         |
|   | EXPENDITURE   |            |                | ,      |                       |          |       | Check if Austin, | , TX,                                     | officeholder living | g expense          |         |
|   |   |            |                |  |                       |          |       | campaign wo      | rk  |                     |                    |         |
|   |   |            |                |  |                       |          |       |                  |   |                     |                    |         |
| 9 | Complete ONLY if direct expenditure to benefit C/OI   |            | andidate/Offic | eholder name                                 | Of                    | fice sou | ght   |                  |   | Office h            | eld                |         |
|   | experialture to beliefft C/Oi   |            |                |  |                       |          |       |                  |   |                     |                    |         |
|   | Date  | F          | Payee name     |  |                       |          |       |                  |   |                     |                    |         |
|   | 08/31/2023  | <b>N</b>   | Moore, Mega    | an   |                       |          |       |                  |   |                     |                    |         |
|   | Amount (\$)   | F          | Payee addres   | s; City;                                     | State;                | Zip Co   | de    |                  |   |                     |                    |         |
|   | \$500.00  | 2          | 2305 Barton    | Creek Blvd                                   |                       |          |       |                  |   |                     |                    |         |
|   |   | ι          | Jnit 45        |  |                       |          |       |                  |   |                     |                    |         |
|   |   | /          | Austin, TX 7   | 8735   |                       |          |       |                  |   |                     |                    |         |
|   | PURPOSE   | (a) (      | Category (Se   | e Categories listed at t                     | ne ton of this sched  | dule)    | (b)   | Description      |   |                     |                    |         |
|   | OF  |            |                | ges/Contract La                              |                       | auic)    |       | _ `              | outsi                                     | de of Texas. Con    | plete Schedule T.  |         |
|   | EXPENDITURE   |            | •              |  |                       |          |       | _                |   | officeholder living | g expense          |         |
|   |   |            |                |  |                       |          |       | contract labor   | r   |                     |                    |         |
|   |   |            |                |  |                       |          |       |                  |   |                     |                    |         |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |            | andidate/Offic | eholder name                                 | Of                    | fice sou | ght   |                  |   | Office h            | eld                |         |
|   |   |            |                |  |                       |          |       |                  |   |                     |                    |         |
|   | Date  | l          | Payee name     |  |                       |          |       |                  |   |                     |                    |         |
|   | 10/18/2023  | F          | Prosperity Ba  | ank  |                       |          |       |                  |   |                     |                    |         |
|   | Amount (\$)   | F          | Payee addres   | s; City;                                     | State;                | Zip Co   | de    |                  |   |                     |                    |         |
|   | \$20.00   | 2          | 25820 US-29    | 90   |                       |          |       |                  |   |                     |                    |         |
|   |   |            |                |  |                       |          |       |                  |   |                     |                    |         |
|   |   |            | Cypress, TX    | 77429  |                       |          |       |                  |   |                     |                    |         |
|   | PURPOSE   | (a) (      | Category (See  | e Categories listed at t                     | ne top of this sched  | dule)    | (b)   | Description      |   |                     |                    |         |
|   | OF<br>EXPENDITURE   | /          | Accounting/E   | Banking                                      |                       |          |       | 브                |   |                     | plete Schedule T.  |         |
|   | ZA ZHOHOKZ  |            |                |  |                       |          |       | <u> </u>         | , TX,                                     | officeholder living | g expense          |         |
|   |   |            |                |  |                       |          |       | fee              |   |                     |                    |         |
| _ | Complete ONLY if direct   |            | andidata/Offic | oholder name                                 | 04                    | fine co: | abt   |                  |   | Office              | old                |         |
|   | Complete ONLY if direct expenditure to benefit C/OI   |            | andiuale/Offic | eholder name                                 | Of                    | fice sou | yııı  |                  |   | Office h            | eiu                |         |
| _ |   |            |                |  |                       |          |       |                  |   |                     |                    |         |
|   |   |            |                |  |                       |          |       |                  |   |                     |                    |         |
|   |   |            |                |  |                       |          |       |                  |   |                     |                    |         |

### 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

| l        | 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)  |
| l        | Sch: 13/24 Rpt: 22/33                               | Wright, James D. (The Honorable)                                     | 00084408   |
| 4        | Date  | 5 Payee name   | <u>'</u>   |
| l        | 11/02/2023  | Prosperity Bank  |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code                               |  |
| l        | \$2.39  | 25820 US-290   |  |
| l        |   |  |  |
|          |   | Cypress, TX 77429  |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
| l        | OF<br>EXPENDITURE                                   | Accounting/Banking   | Check if travel outside of Texas. Complete Schedule T.   |
|          | LAFLINDITORL  |  | Check if Austin, TX, officeholder living expense   |
|          |   |  | fee  |
| 9        | Complete ONLY if direct                             | Candidate/Officeholder name Office sought                            | Office held  |
|          | expenditure to benefit C/OI                         |  | Office field   |
| ⊨        | Data  |  |  |
| l        | Date<br>07/17/2023                                  | Payee name<br>Ready Refresh By Nestle                                |  |
| ┡        |   |  |  |
| l        | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
| l        | \$51.96   | PO Box 856192  |  |
| l        |   | Laviavilla I/// 4020F  |  |
| L        |   | Louisville, KY 40285   |  |
| l        | PURPOSE<br>OF                                       | ,  | Description  Check if travel outside of Texas. Complete Schedule T.                                      |
|          | EXPENDITURE   | Food/Beverage Expense  | Check if Austin, TX, officeholder living expense   |
| l        |   |  | water service  |
|          |   |  |  |
|          | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            | Office held  |
| L        | experialiture to beriefit C/Oi                      | 1  |  |
| l        | Date  | Payee name   |  |
|          | 09/06/2023  | Ready Refresh By Nestle  |  |
| l        | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
| l        | \$51.96   | PO Box 856192  |  |
| l        |   |  |  |
| l        |   | Louisville, KY 40285   |  |
|          | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|          | OF<br>EXPENDITURE                                   | Food/Beverage Expense  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| l        |   |  | Water service  |
|          |   |  |  |
| $\vdash$ | 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 Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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)   |
| l        | Sch: 14/24 Rpt: 23/33                               | Wright, James D. (The Honorable) 00084408  |
| 4        | Date  | 5 Payee name   |
|          | 11/22/2023  | Ready Refresh By Nestle  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
| l        | \$53.96   | PO Box 856192  |
| l        |   |  |
|          |   | Louisville, KY 40285   |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| l        | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |
|          | EXPENDITORE   | Check if Austin, TX, officeholder living expense   |
|          |   | water service  |
| Ļ        | Complete ONLY if direct                             | Condidate/Office holder name Office accepts  |
| 9        | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
| ┡        | ·<br>   |  |
| l        | Date  | Payee name   |
| L        | 09/20/2023  | Rudy's   |
| l        | Amount (\$)   | Payee address; City; State; Zip Code   |
|          | \$68.31   | 3914 N Lamar Blvd  |
|          |   |  |
|          |   | Austin, TX 78756   |
|          | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| l        | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| l        |   | meal at meeting  |
|          |   |  |
| Г        | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                         | 1  |
| F        | Date  | Payee name   |
|          | 07/03/2023  | Spectrum   |
| Г        | Amount (\$)   | Payee address; City; State; Zip Code   |
|          | \$110.23  | PO Box 60074   |
| l        |   |  |
|          |   | City Of Industry, CA 91716   |
| H        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| l        | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  |
| l        | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |
|          |   | Internet Service   |
| dash     | Complete ONLY if direct                             | Candidate/Officeholder name Office county Office hold  |
|          | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
| $\vdash$ |   |  |
|          |   |  |
| l        |   |  |

### 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<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 15/24 Rpt: 24/33                                  | Wright, James D. (The Honorable) 00084408   |
| 4        | Date   | 5 Payee name  |
|          | 07/05/2023   | Spectrum  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$390.67   | PO Box 60074  |
|          |  |   |
|          |  | City Of Industry, CA 91716  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Internet Service  |
|          |  | memer service   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| F        | Date   | Payee name  |
|          | 07/28/2023   | Spectrum  |
| Н        | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$196.66   | PO Box 60074  |
|          |  |   |
|          |  | City Of Industry, CA 91716  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                       |
|          |  | Internet Service  |
|          |  |   |
| ┢        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
|          | Date   | Payee name  |
|          | 08/02/2023   | Spectrum  |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$110.23   | PO Box 60074  |
|          |  |   |
|          |  | City Of Industry, CA 91716  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Internet Service  |
|          |  | internet Service  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| $\vdash$ |  |   |
|          |  |   |
| ı        |  |   |

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|          | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.   |
|----------|---|---|
| 1        | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| l        | Sch: 16/24 Rpt: 25/33                               | Wright, James D. (The Honorable) 00084408   |
| 4        | Date  | 5 Payee name  |
|          | 09/05/2023  | Spectrum  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|          | \$111.40  | PO Box 60074  |
| l        |   |   |
| l        |   | City Of Industry, CA 91716  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| l        | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.   |
|          | EXPENDITORE   | Check if Austin, TX, officeholder living expense  |
| l        |   | Internet Service  |
| Ļ        | Complete ONLY if direct                             | Condidate (Office helder years Office accepts Office held   |
| 9        | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| ┡        | ·<br>   |   |
| l        | Date  | Payee name  |
| L        | 09/19/2023  | Spectrum  |
| l        | Amount (\$)   | Payee address; City; State; Zip Code  |
| l        | \$190.86  | PO Box 60074  |
| l        |   |   |
| L        |   | City Of Industry, CA 91716  |
|          | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| l        | EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| l        |   | Internet Service  |
|          |   |   |
| Г        | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                         | 1   |
| F        | Date  | Payee name  |
|          | 10/03/2023  | Spectrum  |
| ┢        | Amount (\$)   | Payee address; City; State; Zip Code  |
| l        | \$105.40  | PO Box 60074  |
| l        |   |   |
|          |   | City Of Industry, CA 91716  |
| ┝        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| l        | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  |
| l        | EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|          |   | Internet Service  |
| $\vdash$ | Complete ONII V if direct                           | Condidate/Officeholder name Office county   |
|          | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| $\vdash$ | •   |   |
|          |   |   |
|          |   |   |

### 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<br>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: 17/24 Rpt: 26/33                                  | Wright, James D. (The Honorable) 00084408   |
| 4        | Date   | 5 Payee name  |
|          | 10/10/2023   | Spectrum  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$199.81   | PO Box 60074  |
|          |  |   |
|          |  | City Of Industry, CA 91716  |
| 8        | PURPOSE<br>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                       |
|          |  | Internet Service  |
|          |  |   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ľ        | expenditure to benefit C/O                             |   |
| ⊨        | Data   |   |
|          | Date   | Payee name  |
|          | 11/02/2023   | Spectrum  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$111.40   | PO Box 60074  |
|          |  |   |
|          |  | City Of Industry, CA 91716  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Internet Service  |
| ┝        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | Complete ONLY if direct expenditure to benefit C/Ol    | <b>y</b>  |
| ⊨        |  |   |
|          | Date   | Payee name  |
|          | 11/22/2023   | Spectrum  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$390.67   | PO Box 60074  |
|          |  |   |
|          |  | City Of Industry, CA 91716  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Internet Service  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office cought Office hold   |
|          | Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought Office held   |
| $\vdash$ |  |   |
|          |  |   |
| L        |  |   |

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials 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: 18/24 Rpt: 27/33  | Wright, James D. (The Honorable) 00084408  |  |  |  |  |
| 4                       | Date   | 5 Payee name   |  |  |  |  |
|                         | 12/01/2023   | Spectrum   |  |  |  |  |
| 6                       | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |  |  |
|                         | \$111.40   | PO Box 60074   |  |  |  |  |
|                         |  |  |  |  |  |  |
|                         |  | City Of Industry, CA 91716   |  |  |  |  |
| 8                       | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |
|                         | OF<br>EXPENDITURE  | Office Overhead/Rental Expense   |  |  |  |  |
|                         |  | Check if Austin, TX, officeholder living expense  Internet Service   |  |  |  |  |
|                         |  | internet Service   |  |  |  |  |
| ۵                       | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |  |  |  |  |
| 9                       | expenditure to benefit C/O   |  |  |  |  |  |
| _                       | Date   | Davida nama  |  |  |  |  |
|                         | 07/18/2023   | Payee name Starbucks   |  |  |  |  |
|                         |  |  |  |  |  |  |
|                         | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |
| \$21.65   501 W 15th St |  |  |  |  |  |  |
|                         |  | A4 TV 70704  |  |  |  |  |
|                         |  | Austin, TX 78701   |  |  |  |  |
|                         | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.                       |  |  |  |  |
|                         | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |  |
| coffee for meeting      |  |  |  |  |  |  |
|                         |  |  |  |  |  |  |
|                         | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |  |  |  |  |
|                         | expenditure to benefit C/O   | 1  |  |  |  |  |
|                         | Date   | Payee name   |  |  |  |  |
|                         | 09/28/2023   | Starbucks  |  |  |  |  |
|                         | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |
|                         | \$21.65  | 501 W 15th St  |  |  |  |  |
|                         |  |  |  |  |  |  |
| Austin, TX 78701        |  |  |  |  |  |  |
|                         | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |
|                         | OF<br>EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|                         | EXI ENDITORE   | Check if Austin, TX, officeholder living expense   |  |  |  |  |
|                         |  | coffee for meeting   |  |  |  |  |
|                         | 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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |       |
|----------|--|---|-------|
| 1        | Total pages Schedule F1:   |   | re)   |
| _        |  |   | i a j |
|          | Sch: 19/24 Rpt: 28/33  | Wright, James D. (The Honorable) 00084408   |       |
| 4        | Date   | 5 Payee name  |       |
|          | 07/01/2023   | Tankersley, Kate  |       |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |       |
| ١        | \$3,500.00   | 14810 Bramblewood Drive   |       |
|          | ψο,ουο.υυ  | 1 1010 Statisticwood Stive  |       |
|          |  |   |       |
| L        |  | Houston, TX 77079   |       |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |       |
|          | OF<br>EXPENDITURE  | Consulting Expense  |       |
|          | LAFEINDITURE   | Check if Austin, TX, officeholder living expense  |       |
|          |  | fundraising/compliance/strategy   |       |
|          |  |   |       |
| 9        | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |       |
|          | expenditure to benefit C/OI  | PH  |       |
| $\vdash$ | Date   | Davida nama   |       |
|          |  | Payee name  Tankersley Kete   |       |
|          | 07/25/2023   | Tankersley, Kate  |       |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |       |
|          | \$3,500.00   | 14810 Bramblewood Drive   |       |
|          |  |   |       |
|          |  | Houston, TX 77079   |       |
| $\vdash$ | PURPOSE  |   |       |
|          | OF   | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |       |
|          | EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |       |
|          |  | fundraising/compliance/strategy   |       |
|          |  | Turial along your plantoo, or along y   |       |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office cought Office hold   |       |
|          | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |       |
| L        |  |   |       |
|          | Date   | Payee name  |       |
|          | 08/31/2023   | Tankersley, Kate  |       |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |       |
|          | \$3,500.00   | 14810 Bramblewood Drive   |       |
|          | 40,000.00  |   |       |
|          |  | Houston TV 77070  |       |
|          |  | Houston, TX 77079   |       |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |       |
|          | OF<br>EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |       |
|          | _/ L.I.D.I.O.I.L   | Check if Austin, TX, officeholder living expense  |       |
|          |  | fundraising/compliance/strategy   |       |
|          |  |   |       |
|          | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |       |
|          | expenditure to benefit C/OI  | DH  |       |
|          |  |   |       |
|          |  |   |       |
|          |  |   |       |

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| l | The Instruction Guide explains how to complete this form. |  |    |  |  |  |  |
|---|---|--|----|--|--|--|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME   |    | 3 Filer ID (Ethics Commission Filers)  |  |  |  |
| l | Sch: 20/24 Rpt: 29/33                                     | Wright, James D. (The Honorable)                                 |    | 00084408   |  |  |  |
| 4 | Date  | 5 Payee name   |    |  |  |  |  |
|   | 10/01/2023  | Tankersley, Kate   |    |  |  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                           | е  |  |  |  |  |
| l | \$3,500.00  | 14810 Bramblewood Drive  |    |  |  |  |  |
|   |   |  |    |  |  |  |  |
|   |   | Houston, TX 77079  |    |  |  |  |  |
| 8 | PURPOSE<br>OF   | ,  | b) | Description  |  |  |  |
| l | EXPENDITURE   | Consulting Expense   |    | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |
|   |   |  |    | fundraising/compliance/strategy  |  |  |  |
|   |   |  |    |  |  |  |  |
| 9 | Complete ONLY if direct                                   | Candidate/Officeholder name Office sough                         | ht | Office held  |  |  |  |
|   | expenditure to benefit C/O                                | 1  |    |  |  |  |  |
|   | Date  | Payee name   |    |  |  |  |  |
|   | 11/01/2023  | Tankersley, Kate   |    |  |  |  |  |
| Г | Amount (\$)   | Payee address; City; State; Zip Code                             | е  |  |  |  |  |
|   | \$5,600.00  | 14810 Bramblewood Drive  |    |  |  |  |  |
|   |   |  |    |  |  |  |  |
|   |   | Houston, TX 77079  |    |  |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | b) | Description  |  |  |  |
|   | OF<br>EXPENDITURE   | Consulting Expense   |    | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |
|   |   |  |    | fundraising/compliance/strategy  |  |  |  |
|   |   |  |    | 3  |  |  |  |
| Г | Complete ONLY if direct                                   | Candidate/Officeholder name Office sough                         | ht | Office held  |  |  |  |
|   | expenditure to benefit C/O                                | 1  |    |  |  |  |  |
| Г | Date  | Payee name   |    |  |  |  |  |
|   | 12/02/2023  | Tankersley, Kate   |    |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                             | е  |  |  |  |  |
| l | \$4,138.00  | 14810 Bramblewood Drive  |    |  |  |  |  |
| l |   |  |    |  |  |  |  |
|   |   | Houston, TX 77079  |    |  |  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) | b) | Description  |  |  |  |
| l | OF<br>EXPENDITURE   | Consulting Expense   |    | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |
| l |   |  |    | fundraising/compliance/strategy  |  |  |  |
|   |   |  |    | 3 ,  |  |  |  |
| H | Complete ONLY if direct                                   | Candidate/Officeholder name Office sough                         | ht | Office held  |  |  |  |
|   | expenditure to benefit C/O                                | 1  |    |  |  |  |  |
| Г |   |  |    |  |  |  |  |
|   |   |  |    |  |  |  |  |
|   |   |  |    |  |  |  |  |

### 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: 21/24 Rpt: 30/33                               | Wright, James D. (The Honorable) 00084408  |
| 4 | Date  | 5 Payee name   |
|   | 12/06/2023  | US Postmaster  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$19.80   | 475 L'Enfant Plaza SW  |
|   |   |  |
|   |   | Washington, DC 20260   |
| 8 | PURPOSE<br>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                          |
|   |   | postage  |
|   |   |  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         |  |
|   | Date  | Payee name   |
|   | 12/07/2023  | US Postmaster  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$52.80   | 475 L'Enfant Plaza SW  |
|   |   |  |
|   |   | Washington, DC 20260   |
|   | PURPOSE<br>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                          |
|   |   | postage  |
|   |   |  |
|   | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held  |
|   | experialitire to beliefit C/Of                      |  |
|   | Date  | Payee name   |
|   | 08/16/2023  | UT Club  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$127.18  | 2108 Robert Dedman Dr  |
|   |   | A  |
|   |   | Austin, TX 78712   |
|   | PURPOSE<br>OF                                       | (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. |
|   | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |   | membership, food/bev   |
|   |   |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   | Superiord to benefit 0/01                           | •  |
|   |   |  |
|   |   |  |

### 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 comp   | lete this form.   |                         |                            |
|---|---|--|-------------------|-------------------------|----------------------------|
| 1   | Total pages Schedule F1:                            | 2 FILER NAME   |                   | 3 Filer ID              | (Ethics Commission Filers) |
|   | Sch: 22/24 Rpt: 31/33                               | Wright, James D. (The Honorable)   |                   | 00084408                |                            |
| 4   | Date  | 5 Payee name   | '                 |                         |                            |
|   | 07/17/2023  | University Of Texas Club   |                   |                         |                            |
| 6   | Amount (\$)   | 7 Payee address; City; State; Zip Code   |                   |                         |                            |
|   | \$75.78   | 2108 Robert Dedman Dr  |                   |                         |                            |
|   |   |  |                   |                         |                            |
|   |   | Austin, TX 78712   |                   |                         |                            |
| 8   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b)   | Description       |                         |                            |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense   | Check if travel o | outside of Texas. Com   |                            |
|   | LAFENDITORE   |  | _                 | TX, officeholder living | g expense                  |
|   |   |  | club members      | snip                    |                            |
| _   | Occupation ONLY if alignent                         | Open in the LOSS of the Library and the Loss of the Lo |                   | O#: I-                  | -1-1                       |
| 9   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  |                   | Office he               | eld                        |
|   |   |  |                   |                         |                            |
|   | Date  | Payee name   |                   |                         |                            |
|   | 09/18/2023  | University Of Texas Club   |                   |                         |                            |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |                   |                         |                            |
|   | \$652.57  | 2108 Robert Dedman Dr  |                   |                         |                            |
|   |   |  |                   |                         |                            |
|   |   | Austin, TX 78712   |                   |                         |                            |
|   | 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 |   |  |                   |                         |                            |
|   |   |  |                   |                         | pev at meetings            |
|   |   |  |                   |                         |                            |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  |                   | Office he               | eld                        |
|   | expenditure to benefit C/OI                         | 1  |                   |                         |                            |
|   | Date  | Payee name   |                   |                         |                            |
|   | 10/16/2023  | University Of Texas Club   |                   |                         |                            |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |                   |                         |                            |
|   | \$75.78   | 2108 Robert Dedman Dr  |                   |                         |                            |
|   |   |  |                   |                         |                            |
|   |   | Austin, TX 78712   |                   |                         |                            |
|   | PURPOSE   |  | Description       |                         |                            |
|   | OF  | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  |                   | outside of Texas. Com   | plete Schedule T.          |
|   | EXPENDITURE   | Since Overneau/Vental Expense  | ш                 | TX, officeholder living | •                          |
|   |   |  | club members      | ship and food/b         | oev at meetings            |
|   |   |  |                   |                         |                            |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  |                   | Office he               | eld                        |
|   | CAPETICITUTE TO DETICIT C/OI                        | 1  |                   |                         |                            |
|   |   |  |                   |                         |                            |
|   |   |  |                   |                         |                            |

### 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

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

|          | Candidate/Officeholder/Politica<br>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: 23/24 Rpt: 32/33                                  | Wright, James D. (The Honorable) 00084408  |
| 4        | Date   | 5 Payee name   |
|          | 11/16/2023   | University Of Texas Club   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$105.78   | 2108 Robert Dedman Dr  |
|          |  |  |
|          |  | Austin, TX 78712   |
| 8        | PURPOSE<br>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 club membership and food/bev at meetings  |
|          |  | Glab membership and lood/sev at meetings   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| 9        | expenditure to benefit C/O                             |  |
| <b>—</b> | Data   | David and the second se |
|          | Date   | Payee name   |
|          | 12/18/2023   | University Of Texas Club   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$75.78  | 2108 Robert Dedman Dr  |
|          |  |  |
|          |  | Austin, TX 78712   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  club membership and food/bev at meetings   |
|          |  | club membership and lood/bev at meetings   |
| _        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             |  |
| _        | Data   |  |
|          | Date<br>07/06/2023                                     | Payee name   |
|          |  | Walgreens  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$12.97  | 3700 Bee Caves Rd  |
|          |  |  |
|          |  | West Lake Hills, TX 78746  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense   |
|          |  | Check if Austin, TX, officeholder living expense   |
|          |  | supplies   |
|          | 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                                |   |   | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |          |       |  |
|---|--|---|---|---|----------|-------|--|
| ┰ | Total pages Schedule F1:                           | 2 | · ·   |   |          | 3     | Filer ID (Ethics Commission Filers)                                    |
|   | Sch: 24/24 Rpt: 33/33                              |   | Wright, James D. (The Honorable)  |   |          | ľ     | 00084408   |
| 4 | Date   | 5 | Payee name  |   |          | •     |  |
|   | 08/22/2023   |   | Whataburger   |   |          |       |  |
| 6 | Amount (\$)<br>\$34.23                             |   | Payee address; City; State<br>6106 Cameron Rd<br>Austin, TX 78723               | e; Zip Co   | de       |       |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       |   | Category (See Categories listed at the top of this sci<br>Food/Beverage Expense | hedule)   | <u> </u> | n, TX | side of Texas. Complete Schedule T.<br>r., officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/O |   | Candidate/Officeholder name   | Office sou  | ght      |       | Office held  |
|   |  |   |   |   |          |       |  |