CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00085780		2 Total pages fil	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mr.	Dewey R.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/09/2024	
		Collier		II		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3584 FM 71 West				Receipt #	Amount
Change of Address	Talco, TX 75487					
	14100, 17, 75407				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Morgan E.				
	NICKNAME	LAST		SUFFIX		
	NONVAME	Collier		301117		
6 CAMPAIGN	STREET ADDRESS (NO PC	DOV DI EACE):	A D-	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3584 FM 71 West	OBOX PLEASE),	AP	T750ITE#, CITT,	318	TE, ZIP CODE
(Residence or Business)	Talco, TX 75487					
7 CAMPAIGN	AREA CODE PHOI	NE NUMBER E	EXTENSION			
TREASURER PHONE	(254) 258-7418					
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
		Oth day before	alastian \square	Eveneded modified	appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ich C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	ΧP	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	L		12 OFFICE SOUGHT	(if known)	
				State Represent		
	1					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 40

13 C / OH NAME	C / OH NAME Collier II, Dewey R. (Mr.) 14 Filer ID 00085780							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 5,015.00				
EXPENDITURE TOTALS		\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 8,293.84				
CONTRIBUTION BALANCE	REPORTING PE			\$ 29,131.21				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 47,570.00				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		Mr. D	Dewey R. Collier II					
			Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

OVER SHEET PG 3 3 of 40
(Ethics Commission Filers)
SUBTOTAL AMOUNT
\$ 5,015.00
\$
\$
\$ 30,000.00
\$ 5,898.66
\$
\$
\$ 2,395.18
\$
\$
\$
\$

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	n Filers)
4	Date 09/19/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$20.00
_		Homer, AK 99603	1-		Ĺ		
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions KPBSD	5)		
	Date 10/10/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Retired	San Antonio, TX 78217 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 10/17/2023	Full name of contributor out-of-state PAC Armstrong, Regina Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
	•	San Antonio, TX 78216 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/19/2023	Full name of contributor out-of-state PAC Ballard, Cheryl Contributor address; City; State; Zip Code Woodstock, GA 30188		None		Amount of Contribution (\$)	\$100.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 10/05/2023	Full name of contributor out-of-state PAC Brewer, Bob Contributor address; City; State; Zip Code Tyler, TX 75701			•	Amount of Contribution (\$)	\$70.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Atmospheric Chemist	<u>.</u> S)		
			l				

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/40	
2	FILER NAME Collier II, De	ewev R. (Mr.)			3	Filer ID (Ethics Commission 00085780	n Filers)
4	Date 10/25/2023	Full name of contributor Brewer, Bob Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Tyler, TX 75701					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Atmospheric Chemist	5)		
	Date 10/17/2023	Full name of contributor Brinton, Jennifer Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Gloucester, MA 01930					
	Principal occu Embroidery	ipation / Job title (See Instructions))	Employer (See Instructions D&K	5)		
	Date 10/05/2023	Full name of contributor Bruner, Anthony Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Mineola, TX 75773					
	Principal occu Retired	pation / Job title (See Instructions		Employer (See Instructions Retired	5)		
	Date 09/20/2023	Full name of contributor Carmack, Josiah Contributor address; City; Sta				Amount of Contribution (\$)	\$10.00
	Principal occu Surveyor	pation / Job title (See Instructions)		Employer (See Instructions Carmack Surveying and		nginnering	
	Date 10/25/2023	Full name of contributor Casali, Phil Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Point, TX 75472 pation / Job title (See Instructions)	1	Employer (See Instructions	:) 		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/40	
2	FILER NAME Collier II, Dev	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	n Filers)
4	Date 11/30/2023	 Full name of contributor out-of-state Pacasali, Phil Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Point, TX 75472 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/29/2023	Full name of contributor out-of-state Pacasali, Phil Contributor address; City; State; Zip Code Point, TX 75472			•	Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> S)		
	Date 10/17/2023	Full name of contributor out-of-state Pa Cervantes, Aileen Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78224 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/05/2023	Full name of contributor out-of-state Pa Clark, Bethany Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$10.00
	Principal occu	Tyler, TX 75706 pation / Job title (See Instructions)		Employer (See Instructions Insurance CSR	<u> </u> s)		
	Date 10/19/2023	Full name of contributor out-of-state Parallel Clark, Bethany Contributor address; City; State; Zip Code Tyler, TX 75706)	•	Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Insurance CSR	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	n Filers)
4	Date 10/05/2023	 Full name of contributor out-of-state PAC (ID# Collier, Darlene Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Springfield, KY 40069 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
	Retired	salion, out the (ede included inc)		Retired	-,		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID# Collier, Donny Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Springfield, KY 40069			_		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	S)		
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID# Collier, Raymond Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
		Universal City, TX 78148					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID# Collier, Victoria Contributor address; City; State; Zip Code Newark, TX 76071)	•	Amount of Contribution (\$)	\$100.00
	Principal occu School Teac	pation / Job title (See Instructions) ner		Employer (See Instructions Northwest ISD	5)		
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID# Conservative Republican Women of Northeast Contributor address; City; State; Zip Code Pittsburg, TX 75686	Te			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	Filers)
4	Date 10/05/2023	 Full name of contributor out-of crow, Jim Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$5.00
_	Dringing age	Tyler, TX 75706	lo.	Employer (See Instructions	_		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired)		
	Date 09/20/2023	Full name of contributor out-of David, Anthony Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$5.00
	Principal occu	FRANKLIN, TX 77856 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Retired	patient, cos tale (cos medications)		Retired	,		
	Date 10/09/2023	Full name of contributor out-of Davis, Betty Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Lindale, TX 75771					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#:) Doss, Brian Contributor address; City; State; Zip Code Lindale, TX 75771			Amount of Contribution (\$)	\$25.00	
	Principal occu Controller	pation / Job title (See Instructions)		Employer (See Instructions Southwest Self Storage	5)		
	Date 10/05/2023	Doss, Laura	-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	ı Filers)
4	Date 11/19/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Flint, TX 75762 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
•	Wife			None	,		
	Date 10/05/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Tyler, TX 75706 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Retired			Retired	_		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_ Ernest, Amy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77074					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions St. Thomas Episcopal S		ool	
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#:_ Evenwel, Sue Contributor address; City; State; Zip Code Mount Pleasant, TX 75455)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/26/2023	Full name of contributor out-of-state PAC (ID#:_Fitzgerald, Ann Contributor address; City; State; Zip Code Scroggins, TX 75480				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	Filers)
4	Date 08/26/2023	 Full name of contributor out-of-state PAC (ID#:_Gatherer, Karen Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
0	Dringing con	Mount Pleasant TX, TX 75455	0	Employer (See Instructions	,, 		
8	Artist	pation / Job title (See Instructions)	9	Employer (See Instructions None	5)		
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#:_ Hammonds Ramsey, Deb Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Omaha, TX 75571 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Retired	oution / Job title (See Instructions)		Retired	,,		
	Date 10/05/2023	Full name of contributor)		Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
	Principal occu State of Texa	pation / Job title (See Instructions)		Employer (See Instructions Health & Human Svcs.	5)		
Date 10/05/2023		Hogoboom, Theresa	boom, Theresa butor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 10/25/2023	Full name of contributor out-of-state PAC (ID#:_ Hogoboom, Theresa Contributor address; City; State; Zip Code Concord, CA 94521				Amount of Contribution (\$)	\$5.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/40	
2	FILER NAME Collier II, Dev	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	Filers)
4	Date 09/20/2023	 Full name of contributor out-of-state PAC (ID#: Hogoboom, Theresa Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
8	Principal occur	Concord, CA 94521 pation / Job title (See Instructions)	T _o	Employer (See Instructions	., 		
0	Retired	oauon7 Job tille (See Instructions)	ľ	Retired	·)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#: Horan, Steve Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Sioux Falls, SD 57105	_	5 1 (0 1 1 1	<u></u>		
	Principal occur Professor	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/25/2023	Full name of contributor out-of-state PAC (ID#: Horan, Steve Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Sioux Falls, SD 57105					
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#: Horan, Steve Contributor address; City; State; Zip Code Sioux Falls, SD 57105				Amount of Contribution (\$)	\$25.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u> 5)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#: Horton, Billy Contributor address; City; State; Zip Code Talco, TX 75487				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			-				

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	ı Filers)
4	Date 08/30/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
0	Principal occu	New Boston, TX 75570	0	Employer (See Instructions	·, 		
0	Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions DCMA	·)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#:_ Jeff, Jean Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Mount Pleasant, TX 75455 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Retired	pation / Job title (See instructions)		Retired	·)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ Jeff, Jean Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Mount Pleasant, TX 75455					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/15/2023	Full name of contributor out-of-state PAC (ID#:_ Jones, Terry Contributor address; City; State; Zip Code Mineola, TX 75773				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ Jones, Terry Contributor address; City; State; Zip Code Mineola, TX 75773				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
		•					

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/40	
2	FILER NAME Collier II, Dev	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	n Filers)
4	Date 12/14/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00
_	Distribution	Mount Pleasant, TX 75455	- 10	Foundation (October to the other still oc			
8	Real Estate	pation / Job title (See Instructions)	9	Employer (See Instructions TLC Realty	5)		
	Date 10/25/2023				Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 09/20/2023	Full name of contributor out-of-state PAC Knobeloch, Jeffrey Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Kent, OH 44240 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Retired	,		Retired			
	Date 10/25/2023	Full name of contributor out-of-state PAC Koelemay, Lilia Contributor address; City; State; Zip Code Tucson, AZ 85741-4009)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/20/2023	Full name of contributor out-of-state PAC Koelemay, Lilia Contributor address; City; State; Zip Code Tucson, AZ 85741-4009)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	■ A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/40	
2	FILER NAME Collier II, Dev	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	Filers)
4	Date 10/10/2023	 Full name of contributor out-of-state PAC (ID#: Kronsberg, Theresa Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$20.00
_		Bland, MO 65014	1-		Ĺ		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 09/19/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Bland, MO 65014 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/25/2023	Full name of contributor out-of-state PAC (ID#: Kudlicki, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Carrollton, TX 75007 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#: Kudlicki, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Carrollton, TX 75007 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#: Lory, Denise Contributor address; City; State; Zip Code Hideaway, TX 75711			•	Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/40	
2	FILER NAME Collier II, Dev	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	n Filers)
4	Date 10/05/2023	5 Full name of contributor Lory, Keith6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Hideaway, TX 75711 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)		Retired)		
	Date 10/25/2023	Full name of contributor McWhorter, Lea Anne Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Custer, SD 57730					
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/20/2023	Full name of contributor McWhorter, Lea Anne Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
		Custer, SD 57730					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/30/2023	Full name of contributor Mendoza, Jose Contributor address; City; State Newark, TX 76071	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Northwest ISD)		
	Date 10/30/2023	Full name of contributor Mendoza, Victoria Contributor address; City; State Newark, TX 76071	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions None)		
			•				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULI	■ A1		
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	ı Filers)
4	Date 08/28/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Mount Pleasant, TX 75455 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
•	Retired			Retired	-,		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID Miller, Anne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Hideaway, TX 75711					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID Morris, Tammy Contributor address; City; State; Zip Code)#:			Amount of Contribution (\$)	\$25.00
		Justin, TX 76247					
	Principal occu Evp of Comp	pation / Job title (See Instructions) Iliance & HR		Employer (See Instructions Temple & Associates, In			
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID Nelson, Katie Contributor address; City; State; Zip Code Saint Louis, MT 63141)		Amount of Contribution (\$)	\$50.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions None	<u> </u> 5)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID Palmer, Dawson Contributor address; City; State; Zip Code Texarkana, TX 71854)		Amount of Contribution (\$)	\$50.00
	Principal occu Food Service	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION		E A1			
	The Instruc	etion Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/40	
2	FILER NAME Collier II, Dev	vey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	ı Filers)
4	Date 10/05/2023	 Full name of contributor out-of-state PAC (ID#: Palmer, Jessica Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Texarkana, TX 71854 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Food Service			Self			
	Date Full name of contributor out-of-state PAC (ID#:) 10/05/2023 Palmer, Matt Contributor address; City; State; Zip Code Texarkana TX 71854			Amount of Contribution (\$)	\$75.00		
		Texarkana, TX 71854					
		oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Food Service			Self			
	Date Full name of contributor out-of-state PAC (ID#:) 10/05/2023 Peterson, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Cotati, CA 94931					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> s)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#: Peterson, Susan Contributor address; City; State; Zip Code Cotati, CA 94931				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#: Petterson, Heidi Contributor address; City; State; Zip Code Monroe, NC 28110)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDUL	HEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/40	
2	FILER NAME Collier II, Dev	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	n Filers)
4	Date 09/20/2023	 Full name of contributor out-of-state PAC (ID: Petterson, Heidi Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Monroe, NC 28110 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<u> </u> s)		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID: Priefert, Bill Contributor address; City; State; Zip Code Mount Pleasant, TX 75455)		Amount of Contribution (\$)	\$500.00
	Principal occu Manufacturin	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID: Reeves, Randy Contributor address; City; State; Zip Code	#:		•	Amount of Contribution (\$)	\$20.00
		Lindale, TX 75704	_				
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID: Reeves, Shirlene Contributor address; City; State; Zip Code Lindale, TX 75704)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID: Ruley, Shirley Contributor address; City; State; Zip Code Springfield, KY 40069)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1		
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	Filers)
4	Date 10/05/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$20.00
_	Deignigal	San Antonio, TX 78209	•	Franksian (Cookara)			
8	Nurse	pation / Job title (See Instructions)	9	Employer (See Instructions BAMC	5)		
	Date 10/05/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78209 Dation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Nurse			BAMC			
	Date 10/05/2023	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78209					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Wal-Mart	s)		
	Date 10/05/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Sales	San Antonio, TX 78209 pation / Job title (See Instructions)		Employer (See Instructions Volkswagon	<u> </u> s)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#:_ Ryherd, Steve Contributor address; City; State; Zip Code San Antonio, TX 78209)		Amount of Contribution (\$)	\$15.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A				
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/40	
2	FILER NAME Collier II, De	wey R. (Mr.)			3	Filer ID (Ethics Commission 00085780	Filers)
4	Date 10/05/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_		San Antonio, TX 78209	_				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 09/19/2023	Full name of contributor out-of-state PAC (ID#:_ Syed, Linda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Tujunga, CA 91042 pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Parking	salor, cos lite (coo moradaens)		Six Flags	,,		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Donna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Round Rock, TX 78681					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Donna Contributor address; City; State; Zip Code Round Rock, TX 78681)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#:_Valdez, Jose Contributor address; City; State; Zip Code Talco, TX 75487				Amount of Contribution (\$)	\$25.00
	Principal occu Student	pation / Job title (See Instructions)		Employer (See Instructions None	5)		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A			
	The Instru	ction Guide explains how	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/40			
2	FILER NAME Collier II, De	wey R. (Mr.)				3	Filer ID (Ethics Commission 00085780	ı Filers)		
4	Date 10/10/2023	5 Full name of contributorVan Schepen, Ian6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00		
8	Principal occu Photographe	Boone, IA 50036 pation / Job title (See Instructions	s)	9	Employer (See Instructions Self	5)				
	Date 09/19/2023	Full name of contributor Von Schepen, Ian Contributor address; City; S Boone, IA 50036	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00		
	Principal occu IT Support	pation / Job title (See Instructions	5)		Employer (See Instructions Saltech Systems	<u>l</u> S)				
	Date 10/05/2023	Full name of contributor Waites, Natalie Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00		
	Principal occu	Hermitage, TN 37076 pation / Job title (See Instructions	S)		Employer (See Instructions	 				
	Photographe	er			Self					
	Date 09/19/2023	Full name of contributor Wellman, Jamie Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00		
	Principal occu Music Teach	Blue Springs, MT 64015 pation / Job title (See Instructions ner	5)		Employer (See Instructions Kansas City Public Scho		S			
	Date 10/09/2023	Full name of contributor Wheatley, Glenna Contributor address; City; S Saginaw, TX 76179	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00		
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)				

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/40			
2	FILER NAME Collier II, De	wey R. (Mr.)		3	Filer ID (Ethics Commission 00085780	Filers)		
4	Date 09/23/2023	 Full name of contributor out-of-state PAC (ID#:_ Wheatley, Glenna Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00		
		Saginaw, TX 76179						
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)				
	Date Full name of contributor out-of-state PAC (ID#:) Zepeda, Linda Contributor address; City; State; Zip Code Mount Pleasant, TX 75455			Amount of Contribution (\$)	\$25.00			
	Principal occu Retired	Mount Pleasant, TX 75455 pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u>				
	Date 08/26/2023	Full name of contributor out-of-state PAC (ID#:_ Zepeda, Tim Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
		Mount Pleasant, TX 75455	,					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	i)				
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#:_Zimmer, Jack Contributor address; City; State; Zip Code Newport News, VA 23601			Amount of Contribution (\$)	\$25.00		
	Principal occu Customer Se	pation / Job title (See Instructions)	Employer (See Instructions Self	5)				

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to comple	te this fo	orm.	· ·	pages Schedule E: L/1 Rpt: 23/40
2	FILER NAME Collier II, Dewey	/ R. (Mr.)) (Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			<u> </u>	\$
5	Date of loan 11/13/2023	7 Name of lender out-	of-state PA	C (ID#:		9 Loan Amount (\$) \$30,000.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Talco, TX 75487				11 Maturity Date
12	Principal occupation US Army Retire	on / Job title (See Instructions)		13 Employer (See Instructions None	5)	
14	Description of Col	lateral		15 Check if personal funds we	ere deposite	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instructions	5)	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/15 Rpt: 24/40	Collier II, Dewey R. (Mr.) 00085780
4	Date	5 Payee name
	12/27/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.86	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mints for block walking gate bags
		Willias for block walking gate bags
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	08/25/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Ave
	41.00	7th Floor
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation credit card processing fee
		Bollation cloud said processing les
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/26/2023	Anedot
	Amount (\$) \$4.30	Payee address; City; State; Zip Code 1920 McKinney Ave
	Φ4.30	
		7th Floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/15 Rpt: 25/40 Collier II, Dewey R. (Mr.) 00085780 4 Date Payee name 08/26/2023 Anedot 6 Amount (\$) Payee address; State; Zip Code \$2.30 1920 McKinney Ave 7th Floor Dallas, TX 75201 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2023 Anedot Amount (\$) Payee address; City; State; Zip Code \$0.50 1920 McKinney Ave 7th Floor Dallas, TX 75201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/28/2023 Anedot Payee address; Amount (\$) City: State; Zip Code \$2.30 1920 McKinney Ave 7th Floor Dallas, TX 75201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 26/40	Collier II, Dewey R. (Mr.) 00085780
4	Date	5 Payee name
	08/29/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.70	1920 McKinney Ave
		7th Floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation credit card processing fee
		Bollation creat early processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/19/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.40	1920 McKinney Ave
		7th Floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donation credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/20/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.20	1920 McKinney Ave
		7th Floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donation credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Gu			Vages	/Contract Labor		OTHER (enter	a category not listed	d above)
_	T. 1 0 1 1 54	_			ide explains i	1011 10 00		1	_	E1 15	(Fill: - 0	****** ="1\
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	lission Filers)
	Sch: 4/15 Rpt: 27/40		Collier II, De	ewey R. (Mr.)						00085780		
4	Date	5	Payee name									
	09/23/2023		Anedot									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$2.30		1920 McKin		,							
	,		7th Floor	,								
				75004								
		L	Dallas, TX 7	5201								
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees					Check if travel of Check if Austin,			mplete Schedule T.	
								Donation cred				
								Donation cree	uit '	cara proce	ssing icc	
_	Operation ONLY if allowed	<u> </u>	2 11 - 1 - 4 - 10 ff			ve:	14			O#:	L - I -I	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	C	Office sou	gnt			Office	neia	
	Date		Payee name									
	10/09/2023		Anedot									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$0.70		1920 McKin	ney Ave								
			7th Floor									
			Dallas, TX 7	'5201								
	PURPOSE	(a)					(h)	Description				
	OF	(۵)	Fees	ee Categories listed at th	e top of this sche	edule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		1-663					Check if Austin,				
								Donation cred	dit	card proce	ssing fee	
	Complete ONLY if direct		Candidate/Offi	ceholder name	С	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/19/2023		Anedot									
	Amount (\$)		Payee addres	ss; City;	Stato:	Zip Co	nda					
	\$0.70		1920 McKin	-	State,	Zip Co	ue					
	Ψ0.70			ney Ave								
			7th Floor									
			Dallas, TX	75201								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					ш			mplete Schedule T.	
								Check if Austin,				
								Donation cred	uit	caru proce	ssing iee	
_			- "				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office	held	
	onponditure to benefit 0/01	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense
de By - Gift/Awards/Memorials Expense
litical Committee 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: 5/15 Rpt: 28/40	2 FILER NAME Collier II, Dewey R. (Mr.) 3 Filer ID (Ethics Commission Filers) 00085780
4	Date 10/25/2023	5 Payee name Anedot
6	Amount (\$) \$1.10	7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th Floor Dallas, TX 75201
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/30/2023	Payee name Anedot
	Amount (\$) \$3.40	Payee address; City; State; Zip Code 1920 McKinney Ave 7th Floor Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/15/2023	Payee name Anedot
	Amount (\$) \$4.30	Payee address; City; State; Zip Code 1920 McKinney Ave 7th Floor Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
Ļ	Sch: 6/15 Rpt: 29/40	Collier II, Dewey R. (Mr.) 00085780
4	Date 12/29/2023	5 Payee name Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$1.10	1920 McKinney Ave
	Ψ1.10	7th Floor
		Dallas, TX 75201
Ļ	DUDDOOF	Tu.
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Data	Development
	Date 11/30/2023	Payee name BuildASign.com
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$572.09	11525A Stonehollow Dr. Suite 100
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Road sign printing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/22/2023	Campaign Verify
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1215 31st Street NW
		PO Box 3554
		Washington, DC 20007-9998
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign verification for the purpose of text
		messaging voters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services Salaries/Wages/Contract Lea	abor	Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
	Credit Card F dyment	The Instruction Guide explains how to complete this for	rm.		
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 7/15 Rpt: 30/40	Collier II, Dewey R. (Mr.)		00085780	
4	Date	Payee name			
	11/03/2023	Ecanvasser			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.89	Suite 10568, 26/27 Upper Pembroke Street			
		Dublin 2 D02 X361 Ireland			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descript	ion		
	OF EXPENDITURE	Advertising Expense		side of Texas. Comp	
				(, officeholder living	expense
		Block w	/аік тар	ping service	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office hel	d
	experience to benefit Gree				
	Date	Payee name			
	11/03/2023	Ecanvasser			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$99.00	Suite 10568, 26/27 Upper Pembroke Street			
		Dublin 2 D02 X361 Ireland			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descript	ion		
	OF			side of Texas. Comp	lete Schedule T.
	EXPENDITURE		if Austin, TX	(, officeholder living	expense
		Block w	<i>ı</i> alking m	nap service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office hel	d
	experialiture to beliefit C/Oi				
	Date	Payee name			
	12/04/2023	Ecanvasser			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.85	Suite 10568, 26/27 Upper Pembroke Street			
		Dublin X361 Ireland			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descript	ion		
	OF EXPENDITURE	Advertising Expense		side of Texas. Comp	
	LAFENDITORE			K, officeholder living	expense
		Block w	alking m	nap service	
	Complete ONII V if allow	Condidate/Officeholder norse		04:1	٠,
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office hel	u
			_		

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/Political Cor Credit Card Payment		alaries/Wages/Contract Labor w to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 8/15 Rpt: 31/40	Collier II, Dewey R. (Mr.)		00085780
4 Date 5	Payee name		
12/04/2023	Ecanvasser		
` '		Zip Code	
\$205.91	Suite 10568, 26/27 Upper Pembroke Stre	eet	
	Dublin X361 Ireland		
8 PURPOSE (a)	Category (See Categories listed at the top of this schedu		
EXPENDITURE	Advertising Expense	<u> </u>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		, <u>–</u>	g map service
		Blook Walkin	g map corrido
Complete ONLY if direct Cexpenditure to benefit C/OH	Candidate/Officeholder name Offi	ce sought	Office held
<u> </u>			
Date	Payee name		
07/07/2023	Facebook		
Amount (\$)	Payee address; City; State; Z	Zip Code	
\$10.00	1 Hacker Way		
	Menlo, CA 94025		
PURPOSE (a) OF	Category (See Categories listed at the top of this schedu		
EXPENDITURE	Advertising Expense	. <u> </u>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			or Campaign Page
		, tar eraemig i	or campaign rago
Complete ONLY if direct (Candidate/Officeholder name Offi	I ce sought	Office held
expenditure to benefit C/OH		ū	
Date	Payee name		
11/03/2023	Gaglers Inc. (aka CallHub)		
Amount (\$)	Payee address; City; State; 2	Zip Code	
\$25.00	2093 Philadelphia Pike #7468		
	Claymont, DE 19703		
PURPOSE (a)	Category (See Categories listed at the top of this schedu	le) (b) Description	
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.
		ı —	n, TX, officeholder living expense
		Text messag	ging Service
Complete ONLY if direct	Candidata/Officabalder name	co cought	Office held
Complete <u>ONLY</u> if direct C expenditure to benefit C/OH	Candidate/Officeholder name Offi	ce sought	Office field
•			

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/15 Rpt: 32/40	Collier II, Dewey R. (Mr.) 00085780
4	Date	5 Payee name
	11/06/2023	Gaglers Inc. (aka CallHub)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2093 Philadelphia Pike #7468
		Claymont, DE 19703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Text messaging service
		Tox messaging service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davis same
		Payee name
	11/27/2023	Gaglers Inc. (aka CallHub)
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2093 Philadelphia Pike #7468
		Claymont, DE 19703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Text messaging service
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	David and the second se
	Date 11/28/2023	Payee name Caglers Inc. (aka CallHub)
		Gaglers Inc. (aka CallHub)
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2093 Philadelphia Pike #7468
		Claymont, DE 19703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Text messaging service
		rext messaging service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

		The Instruction Guide explains how to comp	plete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/15 Rpt: 33/40	Collier II, Dewey R. (Mr.)		00085780
4	Date	5 Payee name		'
	12/26/2023	Gaglers Inc. (aka CallHub)		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$250.00	2093 Philadelphia Pike #7468		
		Claymont, DE 19703		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) D	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
			Ļ	Check if Austin, TX, officeholder living expense ext messaging service
				ext messaging service
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O			o moo nona
-	Date	Payee name		
	12/16/2023	Hidden Pines Venue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	387 County Road 2667	C	
	Ψ300.00	307 County Notal 2007		
		Mineola, TX 75773		
	PURPOSE		h) 5	
	OF	,	ט , ט ר	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Ė	Check if Austin, TX, officeholder living expense
			V	/enue expense for town hall event on 12/16/2023
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	11/27/2023	Republican Party of Texas		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$750.00	807 Brazos St.		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) D	escription
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Ĺ	Check if Austin, TX, officeholder living expense
			C	Candidate Filing Fee
	Complete ONII V if direct	Candidate/Officeholder name Office accords	at .	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	IL	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor	The Instruction Guide explains how to o	Expen s/Wage	rse Travel Out of District Scontract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 34/40		Collier II, Dewey R. (Mr.)		00085780
4	Date	5	Payee name		
	12/15/2023		Sam's Club		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$455.72		3610 St Michael Dr.		
			Texarkana, TX 75503		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Food, drinks, plates, etcetera, for town hall event in
					Mineola on 12/16/2023
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	l laht	Office held
	expenditure to benefit C/O		office states of the state of t	Jagrit	. Onice field
\vdash	Date	Π	Payee name		
	12/16/2023		Shannon, Tracy		
	Amount (\$)	\vdash	Payee address; City; State; Zip C	Code	
	\$250.00		c/o Mass Resistance		
	, == 25		PO Box 1612		
			Waltham, MA 02454		
_	PURPOSE	(a)		(h)	Description
	OF	(۳)	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(0)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Cite Wards Memorials Experise		Check if Austin, TX, officeholder living expense
					Speaking honorarium
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ought	Office held
	Date		Payee name		
	09/22/2023		Staples		
	Amount (\$)		Payee address; City; State; Zip C	oho.	
	\$112.15		2306 S Jefferson Ave	Joue	
	ψ112.13		2000 O JUNE SOLI AVE		
			Mount Pleasant, TX 75455		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Flyers
					, 55
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O			J	
Eor	rms provided by Tevas F	thic	e Commission was athics state ty	110	Varsion V2.5.1 Objeth67

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 Candidate/Officeholder/Politica Credit Card Payment	
_	Total manna Calcadada 54	<u> </u>
1	Total pages Schedule F1:	
	Sch: 12/15 Rpt: 35/40	Collier II, Dewey R. (Mr.) 00085780
4	Date	5 Payee name
	11/22/2023	Staples
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.97	2306 S Jefferson Ave
	,	
		Mount Placeant TV 75455
		Mount Pleasant, TX 75455
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing flyers
Ļ	0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	11/24/2023	Staples
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.97	2306 S Jefferson Ave
		Mount Placeant TV 75455
		Mount Pleasant, TX 75455
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing flyers and precinct lists for block walking
		I finding hyers and precinct lists for block walking
_	Computate ONLY if diseast	Constitute / Office helds name Office accepts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/21/2023	Staples
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.29	2306 S Jefferson Ave
		Mount Pleasant, TX 75455
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flyers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/15 Rpt: 36/40	Collier II, Dewey R. (Mr.)		00085780
4	Date	5 Payee name		
	10/27/2023	Staples		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$97.30	2306 S Jefferson Ave		
		Mount Pleasant, TX 75455		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Flyers and campaign stickers
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/14/2023	Staples		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$104.07	2306 S Jefferson Ave		
		Mount Pleasant, TX 75455		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				QR code postcards
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/11/2023	Staples		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$123.76	2306 S Jefferson Ave		
		Mount Pleasant, TX 75455		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense		Check if Austin, TX, officeholder living expense
				Precinct lists for block walking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	experientare to benefit 6/01	<u> </u>		

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 Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/15 Rpt: 37/40	Collier II, Dewey R. (Mr.) 00085780
4	Date	5 Payee name
	10/04/2023	Staples
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.88	2306 S Jefferson Ave
		Mount Pleasant, TX 75455
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flyers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/18/2023	The Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$328.27	2530 S Jefferson Ave.
		Mount Pleasant, TX 75455
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		T-posts for 4x8 road signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/27/2023	U-Line
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.21	2600 Rental Car Drive
		DFW Airport, TX 75261
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bags for block walking gate bags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/15 Rpt: 38/40	Collier II, Dewey R. (Mr.)	00085780
4	Date	5 Payee name	•
	10/30/2023	VistaPrint	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$157.31	275 Wyman Street	
		Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	· · · · · · · · · · · · · · — —	if travel outside of Texas. Complete Schedule T.
			if Austin, TX, officeholder living expense campaign materials
			oampaign materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	12/04/2023	VistaPrint	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$570.15	275 Wyman Street	
		,	
		Waltham, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	I finding Expense	if travel outside of Texas. Complete Schedule T.
			f Austin, TX, officeholder living expense campaign materials (door hangars, tote bags
			nteers, t-shirts, etc.)
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH			
	Date	Payee name	
	12/04/2023	VistaPrint	
	Amount (\$) Payee address; City; State; Zip Code		
	\$98.41 275 Wyman Street		
		Waltham, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Printing Expense	if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		if Austin, TX, officeholder living expense
		Expedite	ed printed campaign materials
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		
l			

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 39/40 Collier II, Dewey R. (Mr.) 00085780 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/04/2023 **Brisket Love** Amount (\$) Payee address; State; Zip Code City; \$584.31 15338 FM 849 Lindale, TX 75771 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Food & venue for campaign kickoff event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/08/2023 BuildASign.com Amount (\$) Payee address; City; State; Zip Code \$1,179.05 11525A Stonehollow Dr. Suite 100 Austin, TX 78758 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Yard sign printing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) 00085780 Sch: 2/2 Rpt: 40/40 Collier II, Dewey R. (Mr.) \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/30/2023 BuildASign.com Amount (\$) Payee address; City; State; Zip Code \$631.82 11525A Stonehollow Dr. Suite 100 Austin, TX 78758 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Yard sign printing 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH