CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00032574	ision Filers)	2 Total pages f	iled: 21	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
OFFICEHOLDER NAME	The Honorable	Dennis H.			Date Received		
					ELECTRONIC	ALLY FILED	
	NICKNAME	LACT		SUFFIX	01/16/2024	,	
	NICKNAME	LAST Bonnen		SUFFIX	01/10/2024		
		buillell					
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER MAILING	604 W 14th St						
ADDRESS					Receipt #	Amount	
Change of Address	Austin, TX 78701				Date Processed		
					Date Processed		
					Date Imaged		
					Date imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_		
TREASURER	Mrs.	Matina J.					
NAME	IVII 3.	Matiria 5.					
	NIO(ALAME						
	NICKNAME	LAST		SUFFIX			
		Bonnen					
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE	
ADDRESS	4 Oak Pl.						
(Residence or Business)							
	Angleton, TX 77515						
7 CAMPAICNI	ADEA CODE DUON	IE NUMBER - F	VTENCION				
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION				
PHONE	(979) 849-8436						
8 REPORT							
TYPE	X January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer	
		court day seriore		L	appointment (off		
	July 15	8th day before 6	election	Exceeded modified	Final Report (Att	ach C/OH-FR)	
				reporting limit			
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	P	rimary	Runoff	Other		
		I⊓G	eneral	Special			
				ш.			
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)		
III OFFICE	None			None	(II KIIOWII)		
	TVOTIC			None			
		GO T	O PAGE 2				
I							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Bonnen, Dennis H. (1	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 71,276.49				
CONTRIBUTION BALANCE	REPORTING PE			\$ 0.22				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Honor	rable Dennis H. Bonn	en				
		Signature of	f 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	administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 21									
· ·	18 FILER NAME Bonnen, Dennis H. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00032574									
20 SCHEDULI NAME OF	SUBTOTAL AMOUNT									
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$							
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 CONTRIBUTION	S	\$ 67,788.54							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 3,487.95							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 1/10 Rpt: 4/21	Bonnen, Dennis H. (The Honorable) 00032574
4	Date	5 Payee name
	08/03/2023	Atchley & Associates LLP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$578.00	1005 La Posada Dr
L		Austin, TX 78752
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign accounting and reporting services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	07/05/2023	CapitalOne
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,397.59	1680 Capital One Dr
		McLean, VA 22102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign credit card payment
		Campaign of call paymont
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/04/2023	CapitalOne
	Amount (\$)	Payee address; City; State; Zip Code
	\$697.59	1680 Capital One Dr
		McLean, VA 22102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign credit card payment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

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

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 5/21	Bonnen, Dennis H. (The Honorable) 00032574
4	Date	5 Payee name
	09/05/2023	CapitalOne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$697.59	1680 Capital One Dr
		McLean, VA 22102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign credit card payment
		Campaign credit card payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/04/2023	CapitalOne
H	Amount (\$)	Payee address; City; State; Zip Code
	\$697.59	1680 Capital One Dr
	Φ091.59	1000 Capital Offe Di
		Mal can VA 22102
L		McLean, VA 22102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel queside of Taylor Camplete Schedule T
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign credit card payment
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/06/2023	CapitalOne
	Amount (\$)	Payee address; City; State; Zip Code
	\$697.59	1680 Capital One Dr
		McLean, VA 22102
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign credit card payment
\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)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a extragor not listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt: 6/21	Bonnen, Dennis H. (The Honorable) 00032574
4 Date	5 Payee name
12/05/2023	CapitalOne
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$697.59	1680 Capital One Dr
	McLean, VA 22102
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Campaign credit card payment
	Cumpuign credit eat a payment
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Date	Payee name
07/03/2023	Dennis & Kim Bonnen Foundation Inc
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1219 Yates Dr
	Longview, TX 75601
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Charitable contribution
	Chanade Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	<u> </u>
Date	Payee name
12/29/2023	Dennis & Kim Bonnen Foundation Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1,593.00	1219 Yates Dr
	Longview, TX 75601
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Charitable contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to belieff 6/6	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	1
1	Total pages Schedule F1: Sch: 4/10 Rpt: 7/21	2 FILER NAME Bonnen, Dennis H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00032574
4	Date	5 Payee name
	07/21/2023	Eichler, Shera
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 3002 Bryker Dr Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contract labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/21/2023	Eichler, Shera
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3002 Bryker Dr
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign contract labor
		Gampaign commute mass.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/21/2023	Eichler, Shera
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3002 Bryker Dr
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign contract labor
		Sampaigh sontast labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)			
Sch: 5/10 Rpt: 8/21	Bonnen, Dennis H. (The Honorable) 00032574						
4 Date	5 Payee name		•				
10/21/2023	Eichler, Shera						
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode					
\$200.00	3002 Bryker Dr						
	Austin, TX 78703						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Con				
EXI ENDITORE		. —	n, TX, officeholder livin	g expense			
		Campaign co	ontract labor				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught .	Office h	old			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		igrit	Office fi	eiu			
D-t-	Г _						
Date	Payee name						
11/21/2023	Eichler, Shera						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$200.00	3002 Bryker Dr						
	Austin, TX 78703						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
EXPENDITURE	Salaries/Wages/Contract Labor	. 	outside of Texas. Con n, TX, officeholder livin				
		Campaign co		5 - 1			
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld			
expenditure to benefit C/O	Н						
Date	Payee name						
12/21/2023	Eichler, Shera						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$200.00	3002 Bryker Dr						
	Austin, TX 78703						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF	Salaries/Wages/Contract Labor	l <u>—</u>	outside of Texas. Con	nplete Schedule T.			
EXPENDITURE		l 	n, TX, officeholder livin	g expense			
		Campaign co	ontract labor				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office h	eld			
experience to belieff 0/0	•						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Mer Legal Services	·		Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
L				The Instructi	on Guide expl	ains how to co	omple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 6/10 Rpt: 9/21		Bonnen, De	nnis H. (Th	e Honorable)				00032574	
4	Date	5	Payee name								
	07/25/2023		Perkin Dlar	nondLinks L	LC						
6	Amount (\$)	7	Payee addre	ss; City;	S	tate; Zip C	ode				
l	\$7,700.00		3436 Maga		2	·					
l	71,100100										
			Na Odaa	- 1 4 7011	_						
L			New Orlear	IS, LA 7011							
8	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of th	is schedule)	(b)	Description			
l	OF EXPENDITURE		Consulting	Expense							nplete Schedule T.
l								\Box		officeholder living	
								Campaign we	epsi	ite consultir	19
9	Complete ONLY if direct		Candidate/Off	ceholder nan	ne	Office sou	ught			Office h	eld
	expenditure to benefit C/OI	Н									
Г	Date		Payee name								
	08/14/2023		Perkin Dlar	nondLinks L	LC						
┝	Amount (\$)	┢	Payee addre			tate; Zip C	ado				
	` '		•	-		iale, Zip Ci	Jue				
	\$5,000.00		3437 Maga	zine St#62.	2						
			New Orlear	s, LA 7011	5						
	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE		Consulting					Check if travel	outsio	de of Texas. Com	nplete Schedule T.
	EXI ENDITORE							ш		officeholder living	
								Campaign we	ebsi	ite consultir	ng
L											
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nan	ne	Office sou	ught			Office h	eld
	experiulture to benefit C/Oi	П									
Г	Date		Payee name					<u> </u>			
	09/12/2023		Perkin Dlar	nondLinks L	LC						
\vdash	Amount (\$)	H	Payee addre	ss; City;	S	tate; Zip C	ode				
	\$5,000.00		3438 Maga			,p O					
	Ψ3,000.00		J 100 Maya	o Ot #0Z	-						
			Nam O.	- 4 7045	7						
L			New Orlear	is, LA /011	(
	PURPOSE OF	(a)	Category (S		ed at the top of th	is schedule)	(b)	Description			
l	EXPENDITURE		Consulting	Expense				ш			nplete Schedule T.
l								_		officeholder living	
								Campaign we	eusi	ne consultir	ıy
L							<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nan	ne	Office sou	ught			Office h	eld
L	CAPERIORATE TO DEFICIT C/OI										
_								<u> </u>			
<u> </u>											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel in District Travel Out of Dis	Equipment & Related Expense
1	Total pages Schedule F1:	<u> </u>	3	Filer ID	(Ethics Commission Filers)
	Sch: 7/10 Rpt: 10/21	Bonnen, Dennis H. (The Honorable)	3	00032574	(Ethics Commission Filets)
4	Date	5 Payee name			
	09/25/2023	Perkin DlamondLinks LLC			
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 3439 Magazine St #622 New Orleans, LA 70118			
8	PURPOSE OF EXPENDITURE	Check if Aus	in, TX	side of Texas. Com s, officeholder living site consultin	g expense
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	10/16/2023	Perkin DlamondLinks LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	3440 Magazine St #622			
		New Orleans, LA 70119			
	PURPOSE OF EXPENDITURE	Check if Aus	in, TX	side of Texas. Com K, officeholder living Site consultin	g expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	11/14/2023	Perkin DlamondLinks LLC			
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 3441 Magazine St #622			
		New Orleans, LA 70120			
	PURPOSE OF EXPENDITURE	Check if Aus	in, TX	side of Texas. Com 5, officeholder living site consultin	g expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/V	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM			-		3	Filer ID	(Ethics Commission Filers)	$\overline{}$
-	Sch: 8/10 Rpt: 11/21		= ennis H. (The Honor	able)				00032574	(Lunes Commission Filers)	'
4	Date	5 Payee name	1				<u> </u>			_
	12/12/2023	,	mondLinks LLC							
Ļ										
6	Amount (\$)	7 Payee addre		State; Zip Co	ode					
	\$5,000.00	3442 Maga	zine St #622							
		New Orlea	ns, LA 70121							
8	PURPOSE	(a) Category (s	See Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting				므		de of Texas. Com		
	LAFENDITORE					_		officeholder living		
						Campaign we	ebs	ite consultin	g	
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	experiulture to benefit C/Or	1								
	Date	Payee name	1							
	07/31/2023	Purple Sag	e Strategies LLC							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,500.00	3002 Bryke	er Dr							
		-								
		Austin, TX	78703							
_	PURPOSE				(h)	Description				
	OF		See Categories listed at the top	of this schedule)	(D)	Description Check if travel	nutsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Consulting	Expense			=		officeholder living		
						Campaign co	nsı	ulting service	es	
	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OF	4								
	Date	Payee name	<u> </u>							_
	08/31/2023	1	e Strategies LLC							
	Amount (\$)	Payee addre		State; Zip Co	odo					
	\$1,500.00	3002 Bryke	•	State, Zip Ct	Jue					
	\$1,500.00	3002 BIYKE	ii Di							
		Austin, TX	78703							
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Consulting	Expense					de of Texas. Com		
						Campaign co		officeholder living		
						Campaign CO	1131	anding Scivice	,,	
_	Complete ONLY if direct	Candidata/Of	iceholder name	Office sou	labt			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/OF		icentituel Haitle	Office SOL	ıyııl			Onice ne	สน	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.
1	Total pages Schedule F1: Sch: 9/10 Rpt: 12/21	2 FILER NAME Bonnen, Dennis H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00032574
4	Date 09/29/2023	5 Payee name Purple Sage Strategies LLC	
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 3002 Bryker Dr	
8	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign consulting services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 10/31/2023	Payee name Purple Sage Strategies LLC	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3002 Bryker Dr	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign consulting services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 11/30/2023	Payee name Purple Sage Strategies LLC	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3002 Bryker Dr	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Marie Consulting Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 10/10 Rpt: 13/21	Bonnen, Dennis H. (The Honorable) 00032574	
4	Date	5 Payee name	
	12/29/2023	Purple Sage Strategies LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1,500.00	3002 Bryker Dr	
l			
		Austin, TX 78703	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign consulting services	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Г	Date	Payee name	_
	12/26/2023	US Postal Service	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$332.00	823 Congress Ste 150	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign PO Box renewal	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
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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: 1/8 Rpt: 14/21 Bonnen, Dennis H. (The Honorable) 00032574 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date Payee name 07/25/2023 Adobe Systems Amount (\$) Payee address; City; State; Zip Code \$22.72 151 S Almaden Blvd San Jose, CA 95113 **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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign software 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/30/2023 Adobe Systems Amount (\$) Payee address; City; State; Zip Code \$10.81 151 S Almaden Blvd San Jose, CA 95113 **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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign software 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 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: 2/8 Rpt: 15/21 Bonnen, Dennis H. (The Honorable) 00032574 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/25/2023 Adobe Systems Amount (\$) Payee address; City; State; Zip Code \$22.72 151 S Almaden Blvd San Jose, CA 95113 **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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign software 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/30/2023 Adobe Systems Amount (\$) Payee address; City; State; Zip Code \$10.81 151 S Almaden Blvd San Jose, CA 95113 **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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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