## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commission 00051286	on Filers)	2 Total pages file 85	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Glenn A.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
	NICKNAWE	Hegar		Jr.	01/10/2021	
				JI.		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or [	Date Postmarked
MAILING ADDRESS	815-A Brazos #389				Receipt #	Amount
Change of Address	Austin, TX 78701					
	Additi, 17, 70701				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	Mrs.	Dara G.				
NAME		20.00				
	NICKNAME	LAST		SUFFIX		
	MCKNAWL	Hegar		301117		
		riegai				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX DI EASE):	Δ <b>D</b> T /	SUITE#; CITY;	STAT	E; ZIP CODE
TREASURER	815-A Brazos #389	i o box i eeroe),	74 17	5611E #, 5111,	31711	L, 211 00DL
ADDRESS	010 / ( B) ( C) ( C)					
(Residence or Business)	Augtin TV 70701					
	Austin, TX 78701					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(281) 391-0720					
FIIONE						
8 REPORT					_	
TYPE	X January 15	30th day before	e election Ru	unoff	15th day after cam appointment (office	
	July 15	8th day before	election	ceeded modified	Final Report (Attac	
	1,			porting limit	]	,
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	07/01/2023	T⊦	IROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ar P	rimary	Runoff	Other	
		l П	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I	11	L2 OFFICE SOUGHT	(if known)	
	Comptroller		آ		(ii kiiowii)	
		GO T	O PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 85

13 C / OH NAME	Hegar Jr., Glenn A. (	The Honorable)	<b>14</b> Filer ID 00051286	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad d officeholders are required to report this i	le without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	Si Edil lo			
		COMMITTEE CAMPAIGN TREASURER	RNAME	
		COMMITTEE CAMPAIGN TREASURER	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS M		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES (	OF LOANS)	\$ 388,795.32
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		<b>\$</b> 1,428.51
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 193,785.77
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 9,284,226.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			der penalty of perjury, that the ac includes all information required t on Code.	
		TI	ne Honorable Glenn A. Hegar	· lr
			gnature of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of	office.	
Signature of office	eer administering	Printed name of officer administering	ng Title of office	r administering oath

#### **SUBTOTALS - C/OH**

#### FORM C/OH **COVER SHEET PG 3**

				3 of 85
18 FILER NA		19 Filer ID	(Ethics Cor	nmission Filers)
	, Glenn A. (The Honorable)  LE SUBTOTALS	00051286	T	
	SCHEDULE SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	386,069.02
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,726.30
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	171,654.31
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	16,000.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	2,800,000.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	6,131.46
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	882,171.22
			1	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/27 Rpt: 4/85			
2	FILER NAME Hegar Jr., G	R NAME ar Jr., Glenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)		
4	Date 12/26/2023	<ul><li>5 Full name of contributor Altria Group Inc. PAC</li><li>6 Contributor address; City; S</li></ul>	x out-of-state PAC (ID#:_	C00089136 )	7	Amount of Contribution (\$)	\$3,000.00		
8	Principal occu	Washington, DC 20001 pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)				
	Date 11/08/2023	Full name of contributor American Airlines PAC Contributor address; City; S Washington, DC 20036	x out-of-state PAC (ID#: 4	C00107300 )		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 5)				
	Date 11/28/2023	Full name of contributor Anawaty, Kimberly Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Commercial	Austin, TX 78730 pation / Job title (See Instructions Landlord	5)	Employer (See Instructions Self Employed	<u> </u> ;)				
	Date 11/28/2023	Full name of contributor Ancira Strategic Partners Contributor address; City; S Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 5)				
	Date 11/28/2023	Full name of contributor Aus, Fred Contributor address; City; S Austin, TX 78739	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00		
	Principal occu Senior Cons	pation / Job title (See Instructions	5)	Employer (See Instructions Strategic Partnerships	<u>(</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/27 Rpt: 5/85
2	FILER NAME Hegar Jr., Gl	enn A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00051286
4	Date 11/08/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$1,000.00
_	Dringing Loon	Austin, TX 78739	O Employer (Coo Instructions	<u></u>	
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	»)	
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#:_ Barnes, Bob Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25,000.00
	Principal occu	Fort Worth, TX 76162 pation / Job title (See Instructions)	Employer (See Instructions	<u>''</u>	
	Schlotzsky's	oauon7 Job title (See instructions)	Owner	·)	
	Date 07/26/2023	Full name of contributor			Amount of Contribution (\$) \$10.41
	Dringing agg	Arlington, VA 22201	Employer (See Instructions	<u></u>	
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Flexpoint Media	·)	
	Date 09/21/2023	Full name of contributor out-of-state PAC (ID#:_Bartel, Phillip  Contributor address; City; State; Zip Code  Arlington, VA 22201			Amount of Contribution (\$) \$1.04
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Flexpoint Media	5)	
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_Bellina, James  Contributor address; City; State; Zip Code  Waxhaw, NC 28173	)		Amount of Contribution (\$) \$5,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Rural Broadband Consu		ng, Inc.

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/27 Rpt: 6/85		
2	FILER NAME Hegar Jr., Gl	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)	
4	Date 11/28/2023	<ul><li>5 Full name of contributor</li><li>Bill Pewitt &amp; Associates</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_	Dringing Loon	Austin, TX 78701	I <sub>0</sub>	Employer (Coo Instructions	_			
0	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)			
	Date 11/28/2023	Full name of contributor Bishop, Don Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00	
		Fort Worth, TX 76185						
	Principal occu Commercial	pation / Job title (See Instructions) Landlord		Employer (See Instructions Self Employed	5)			
	Date 11/27/2023	Full name of contributor Blackridge Contributor address; City; Sta		)		Amount of Contribution (\$)	\$5,000.00	
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Date 12/03/2023	Full name of contributor Bolron, Jacqueline Contributor address; City; Sta		)		Amount of Contribution (\$)	\$26.03	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
	Date 11/08/2023	Full name of contributor Brentwood Public Affairs Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONEI	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 7/85	
2	P FILER NAME			3	Filer ID (Ethics Commission	on Filers)
		enn A. (The Honorable)		L	00051286	
4	Date 11/28/2023	L1/28/2023 Bresnen, Steve		7	Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; State; Zip Code				
_		Austin, TX 78701		Ļ		
8	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Steve Bresnen & Assoc.			
	Date	Full name of contributor X out-of-state PAC (ID#: CC	00354241 )		Amount of Contribution (\$)	
	12/26/2023	CGI Technologies and Solutions Inc. PAC	,			\$2,500.00
		Contributor address; City; State; Zip Code		l		
		, , , , , , , , , , , , , , , , , , ,				
		Fairfax, VA 22030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor   out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/28/2023	Cammack & Strong, P. C.				\$1,000.00
		Contributor address; City; State; Zip Code		l		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	11/28/2023	Carriage House Partners LLC			<b>(·</b> )	\$5,000.00
		Contributor address; City; State; Zip Code				•
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Timolpai occa	pation 7 oob title (oce motidations)	Employer (See moracions	,,		
	Date	Full name of contributor  ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/28/2023	Casey, Daniel T.				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78723				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Consultant		Moak Casey & Associate	es		

MON	ETARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/27 Rpt: 8/85
2 FILER N.	AME r., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/20	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$) \$250.0
	Austin, TX 78732		
8 Principal Consult	occupation / Job title (See Instructions) ant	9 Employer (See Instructions Quorum Public Affairs, I	
Date 12/26/20	Full name of contributor	(C00397851 )	Amount of Contribution (\$) \$2,500.0
	St. Louis, MO 63105	_	
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	ns)
Date 12/26/20	Full name of contributor	C00333534 )	Amount of Contribution (\$) \$5,000.0
	Houston, TX 77210		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	15)
Date 09/11/20			Amount of Contribution (\$) \$5,000.0
	San Antonio, TX 78258		
Vice Pre	occupation / Job title (See Instructions) esident	Employer (See Instructions Clark Construction Com	· ·
Date 11/28/20	Contributor address; City; State; Zip Code	C00248716 )	Amount of Contribution (\$) \$10,000.0
Principal	Philadelphia, PA 19103 occupation / Job title (See Instructions)	Employer (See Instructions	ls)

	MONET	ARY POLITICAL CONTRIB	UTION	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 6/27 Rpt: 9/85
2	FILER NAME Hegar Jr., Gl	enn A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00051286
4	Date 11/28/2023	<ul> <li>Full name of contributor  x out-of-state PAC CovestroPAC A PAC of Covestro LLC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#: <u>C0</u>	0585885 )	7	Amount of Contribution (\$) \$500.00
		Pittsburgh, PA 15205				
8	Principal occu	oation / Job title (See Instructions)	9	Employer (See Instructions	s)	
	Date 09/11/2023	Full name of contributor out-of-state PACOX, Bobby D. (Mr.)  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$) \$50,000.00
	Delicalization	Fort Worth, TX 76109		Formula van (O a a la atomatica a	<u></u>	
	Executive	pation / Job title (See Instructions)		Employer (See Instructions Bobby Cox Companies		
	Date 11/28/2023	Full name of contributor out-of-state PA Culley, Robert  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$) \$1,000.00
		Austin, TX 78759			L	
	Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)	
	Date 11/13/2023	Full name of contributor out-of-state PAD Dansby, Sherry  Contributor address; City; State; Zip Code  Sugar Land, TX 77478		)		Amount of Contribution (\$) \$25.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 11/16/2023	Full name of contributor out-of-state PADeBerry, Dale  Contributor address; City; State; Zip Code  Austin, TX 78738		)		Amount of Contribution (\$) \$26.03
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
			<u>'</u>			

nn A. (The Honorable)  Full name of contributor out-of-state PAC (ID#: DeBerry, Dale  Contributor address; City; State; Zip Code	m		Total pages Schedule A1: Sch: 7/27 Rpt: 10/85	
Full name of contributor out-of-state PAC (ID#:  DeBerry, Dale	)	3	Files ID (Files Commission)	
Full name of contributor out-of-state PAC (ID#:  DeBerry, Dale	)		Filer ID (Ethics Commission 00051286	n Filers)
		7	Amount of Contribution (\$)	\$6.00
Austin, TX 78738				
ation / Job title (See Instructions)  9	Employer (See Instructions Retired	)		
Full name of contributor out-of-state PAC (ID#: DeBerry, Dale  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$26.03
Austin, TX 78738	Franks var (Caa Inatrostiana			
ation / Job title (See Instructions)	Retired	)		
Full name of contributor out-of-state PAC (ID#: DeBerry, Dale  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
Austin, TX 78738				
ation / Job title (See Instructions)	Employer (See Instructions Retired	)		
Full name of contributor out-of-state PAC (ID#: Deborah Goodell Polan, PC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$2,000.00
ation / Job title (See Instructions)	Employer (See Instructions	)		
Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
ation / Job title (See Instructions)	Employer (See Instructions) Flexpoint Media	)		
at	DeBerry, Dale  Contributor address; City; State; Zip Code  Austin, TX 78738  ion / Job title (See Instructions)  Full name of contributor	DeBerry, Dale  Contributor address; City; State; Zip Code  Austin, TX 78738  ion / Job title (See Instructions)  Employer (See Instructions Retired  Full name of contributor	DeBerry, Dale  Contributor address; City; State; Zip Code  Austin, TX 78738  ion / Job title (See Instructions)  Employer (See Instructions)  Retired  Full name of contributor	DeBerry, Dale  Contributor address; City; State; Zip Code  Austin, TX 78738  ion / Job title (See Instructions)  Employer (See Instructions)  Retired  Amount of Contribution (\$)  DeBerry, Dale  Contributor address; City; State; Zip Code  Austin, TX 78738  ion / Job title (See Instructions)  Employer (See Instructions)  Retired  Amount of Contribution (\$)  Pull name of contributor out-of-state PAC (ID#:

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/27 Rpt: 11/85			
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)		
4	Date 11/28/2023	<ul><li>5 Full name of contributor</li><li>Deloitte Political Action C</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$5,000.00		
		Washington, DC 20044							
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)				
	Date 11/28/2023	Full name of contributor  Drescher, Anne  Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00		
	Dringing aggr	Pflugerville, TX 78660 pation / Job title (See Instructions		Employer (See Instructions	<u></u>				
	•	Governmental Affairs	5)	Employer (See Instructions Cornerstone	>)				
	Date 11/08/2023	Full name of contributor Erben and Yarbrough Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$2,000.00		
		Austin, TX 78701							
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)				
	Date 11/28/2023	Full name of contributor Fairbanks, Lauren  Contributor address; City; S  Austin, TX 78703	out-of-state PAC (ID#:_	,		Amount of Contribution (\$)	\$500.00		
	Principal occu Government	pation / Job title (See Instructions Relations	s)	Employer (See Instructions Moontower Public Affair	•				
	Date 11/28/2023	Full name of contributor Fenoglio, Stephen Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00		
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	<u>.</u> S)				

	MONEI	ARY POLITICAL CONTRIBUTION	<b>J</b> I	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/27 Rpt: 12/85
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Hegar Jr., G	lenn A. (The Honorable)				00051286
4	Date 11/28/2023	5 Full name of contributor out-of-state PAC (ID#: Finley, Trace			7	Amount of Contribution (\$) \$500.00
		6 Contributor address; City; State; Zip Code				
		Driftwood, TX 78619	_			
8		pation / Job title (See Instructions)	9	Employer (See Instructions		
	Partner			Gateway Partners Gove	rnı	nent Affairs
	Date	Full name of contributor  ut-of-state PAC (ID#:		)		Amount of Contribution (\$)
	11/28/2023	Foley & Lardner LLP Texas Campaign Fund				\$7,500.00
		Contributor address; City; State; Zip Code	•••••			
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	:) 	
	i ililoipai occa	pation / vos tile (eee matractions)		Employer (See mondelions	',	
	Date	Full name of contributor uut-of-state PAC (ID#:		)		Amount of Contribution (\$)
	11/30/2023	Gammon, Brenda				\$52.05
		Contributor address; City; State; Zip Code				
		Burleson, TX 76028				
		pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Retired			Retired		
	Date	Full name of contributor  ut-of-state PAC (ID#:		)		Amount of Contribution (\$)
	11/25/2023	Goza, Tim				\$50.00
		Contributor address; City; State; Zip Code				
		Alvarado, TX 76009				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Owner			Go Goza Original Sea F	00	d Bar
	Date	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)
	10/31/2023	Graeter, Brent Christopher				\$100.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77450				
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	5)	
	Police Office	r		City of Houston		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 10/27 Rpt: 13/85
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)				3	Filer ID (Ethics Commission Filers) 00051286
4	Date 11/28/2023	5 Full name of contributor Green, Melodye	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$) \$1,000.00
	Dringing oggu	Dallas, TX 75248		_	Employer (See Instructions	<u></u>	
8	Commercial	pation / Job title (See Instructions Landlord	5)	<del>9</del>	Employer (See Instructions Self Employed	·)	
	Date 08/30/2023	Full name of contributor Groeger, Kathy  Contributor address; City; S					Amount of Contribution (\$) \$20.82
	Principal occu	Kansas City, MO 64118  pation / Job title (See Instructions	6)		Employer (See Instructions	<u> </u> 5)	
	Owner				Custom Office Systems		
	Date 11/28/2023	Full name of contributor HOMEPAC of Texas  Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$10,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)	
	Date 10/10/2023	Full name of contributor HS LAW PAC Contributor address; City; S Austin, TX 78701			)		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)	
	Date 10/15/2023	Full name of contributor Hall, Barbara (Ms.)  Contributor address; City; S  Schertz, TX 78154					Amount of Contribution (\$) \$26.03
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS	SCHEDULE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1 Total pages Schedule A1: Sch: 11/27 Rpt: 14/85
2	FILER NAME Hegar Jr G	lenn A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00051286
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	11/28/2023	Harper, Alan K.			\$20,000.00
		6 Contributor address; City; S	tate; Zip Code		
_	Deinsinal	Arlington, TX 76016	. 1	• Faradana (O. a. Inatonatia na	
8	Principal occu President	pation / Job title (See Instruction	5)	9 Employer (See Instructions Lenders & Members Se	
	Date	Full name of contributor	out-of-state PAC (ID#:_	1	Amount of Contribution (\$)
	10/14/2023	Hegar, Louis	United State 1 AC (ID#	J	\$52.05
		Contributor address; City; S	tate; Zip Code		
		Barstow, TX 79719			
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	<u> </u> 
	Rancher			Self-employed	,
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	10/26/2023	HillCo PAC			\$5,000.00
		Contributor address; City; S	tate; Zip Code		
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	;)
		T			
	Date 09/27/2023	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$12,500.00
	09/2//2023	Hilliary, Dustin J.  Contributor address; City; S	tate: 7in Code		\$12,500.00
		Contributor address, City, o	idic, Zip Code		
	Principal occu	Lawton, OK 73502 pation / Job title (See Instruction	2)	Employer (See Instructions	.)
	President	pation / Job title (See Instruction	5)	Southern Plains Cable	,,
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/27/2023	Hilliary Jr., Edward E.	<b>L</b> \ _		\$12,500.00
		Contributor address; City; S	tate; Zip Code		
		Elgin, OK 73538			
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	I S)
	President			Medicine Park Telephor	ne Company
			•		

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 15/85	
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 12/26/2023	<ul><li>5 Full name of contributor</li><li>Independent Bankers Ass</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	Date 10/06/2023	Full name of contributor Ironside, Anna Contributor address; City; Si	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.21
	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Retired	panon roos ano (coo monacaone	,	Retired	-,		
	Date 11/28/2023	Full name of contributor J Ancira Strategies PLLC Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$1,000.00
		Taylor, TX 76574					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 09/28/2023	Full name of contributor Johnston, Mary B. (Ms.)  Contributor address; City; Si  League City, TX 77573		)		Amount of Contribution (\$)	\$26.03
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	s)		
	Date 12/21/2023	Full name of contributor Jones, Paula Contributor address; City; Si Montgomery, TX 77316	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$52.05
	Principal occu Unemployed	pation / Job title (See Instructions	s)	Employer (See Instructions Unemployed	s)		
			-				

	MONET	ARY POLITICAL (	NS		SCHEDUI	_E <b>A1</b>	
	The Instru	ction Guide explains how	to complete this for		1	Total pages Schedule A1: Sch: 13/27 Rpt: 16/85	
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 11/28/2023	<ul><li>5 Full name of contributor Keffer, James</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
		Eastland, TX 76448					
8	Principal occu Owner	pation / Job title (See Instructions	9	Employer (See Instruction Keffer Konsulting	s)		
	Date 09/11/2023	Full name of contributor Lane, Britt  Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00
	Delicalization I account	Fort Worth, TX 76126		Fundament (Construction			
	Principal occu President	pation / Job title (See Instructions	5)	Employer (See Instruction Bobby Cox Communication		าร	
	Date 11/14/2023	Full name of contributor Liere, Cheryl Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$520.51
		Waller, TX 77484			Ţ		
	Principal occu Insurance A	pation / Job title (See Instructions gent	5)	Employer (See Instruction Self Employed	s)		
	Date 12/11/2023	Full name of contributor Linebarger Goggan Blair Contributor address; City; S Austin, TX 78760		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	s)		
	Date 11/28/2023	Full name of contributor Lloyd Gosselink Blevins F Contributor address; City; S Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	s)		
			I				

	MONET	ARY POLITICAL (	ONS		SCHEDUI	LE <b>A1</b>	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/27 Rpt: 17/85	
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 11/08/2023	<ul><li>5 Full name of contributor Locke Lord LLP</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5,000.00
		Dallas, TX 75201					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 11/28/2023	Full name of contributor Luke, Charles Contributor address; City; S			-	Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Weatherford, TX 76088		Faralouse (Coo Instructions			
	Executive Di	pation / Job title (See Instructions rector	5)	Employer (See Instructions Tarrant County Spiritua		are Network	
	Date 09/11/2023	Full name of contributor Lynch, Glenn Contributor address; City; S		)	-	Amount of Contribution (\$)	\$3,000.00
		Fort Worth, TX 76179					
	Principal occu Owner	pation / Job title (See Instructions	s) 	Employer (See Instructions Glenn Lynch Companie	•		
	Date 11/24/2023	Full name of contributor Masters, Ronald Contributor address; City; S Richmond, TX 77406				Amount of Contribution (\$)	\$1.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	s)		
	Date 12/26/2023	Full name of contributor McGarah, Carol (Ms.) Contributor address; City; Si Austin, TX 78749	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Blackridge	s)		

	MONET	ARY POLITICAL C	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/27 Rpt: 18/85	
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 11/28/2023	<ul> <li>Full name of contributor</li> <li>McGuire Woods Federal I</li> <li>Contributor address; City; St</li> </ul>			7	Amount of Contribution (\$)	\$5,000.00
		Richmond, VA 23219					
8	Principal occu	pation / Job title (See Instructions	) 	9 Employer (See Instructions	s)		
	Date 11/28/2023	Full name of contributor McNulty, Patrick  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	South Padre Island, TX 78 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
	Mayor	(	,	South Padre Island	,		
	Date 11/28/2023	Full name of contributor  Moak Casey PAC  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 10/03/2023	Full name of contributor Moorman, Frances  Contributor address; City; St  Dallas, TX 75229			•	Amount of Contribution (\$)	\$5.21
	Principal occu	pation / Job title (See Instructions	()	Employer (See Instructions	s)		
	Date 10/23/2023	Full name of contributor Mullen, Gregory (Mr.) Contributor address; City; St Dallas, TX 75225	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions Cranehill Capital LLC	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/27 Rpt: 19/85	
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 08/22/2023	<ul><li>5 Full name of contributor Mullen, Gregory (Mr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
_		Dallas, TX 75225	,				
8	Principal occu Investor	pation / Job title (See Instructions	)	9 Employer (See Instructions Cranehill Capital LLC	5)		
	Date 11/08/2023	Full name of contributor NRG Energy Inc PAC Contributor address; City; St	x out-of-state PAC (ID#: C	00366559	•	Amount of Contribution (\$)	\$4,000.00
		Princeton, NJ 78540	,		<u></u>		
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	S)		
	Date 11/28/2023	Full name of contributor Nabers, Mary Scott  Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78746	,		Ĺ		
	VP, Public A	pation / Job title (See Instructions ffairs	(1)	Employer (See Instructions Strategic Partnerships, I			
	Date 11/28/2023	Full name of contributor Neighborhood Beer Gardo Contributor address; City; St Houston, TX 77042		)	-	Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 11/28/2023	Full name of contributor  Newton, Jarrett  Contributor address; City; St  Arlington, TX 76017	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Commercial	pation / Job title (See Instructions Landlord	)	Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 20/85	
2	FILER NAME	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
					L		
4	Date 11/08/2023	Full name of contributor     Norton, Jo Betsy     Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78746					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<b>s</b> )		
	VP Public Af	fairs		Texas Mutual			
	Date 12/26/2023	Full name of contributor Osterloh, Curtis (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Scott Douglass McConn	iicc	LLP	
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	11/30/2023	Pacheco, Cynthia		/		(,,	\$10.41
		Contributor address; City; Sta Amarillo, TX 79109	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) [		
	Retired	patient, con time (con menuelle)		Retired	,		
_		Full control of controls and			_	A (A)	
	Date 11/28/2023	Full name of contributor Perdue, Brandon, Fielder,  Contributor address; City; Sta  Lubbock, TX 79408				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 10/16/2023	Full name of contributor Perez, Nolan Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		Harlingen, TX 78550					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Doctor			Texas Digestive Special	list	5	

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/27 Rpt: 21/85	
2	FILER NAME Hegar Jr., Gl	enn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 11/28/2023	<ul><li>5 Full name of contributor</li><li>Pfizer Inc PAC</li><li>6 Contributor address; City; St</li></ul>	x out-of-state PAC (ID#: Cate; Zip Code	000016683	7	Amount of Contribution (\$)	\$1,500.00
0	Principal occu	New York, NY 10017	<u> </u>	Employer (See Instructions			
0	Principal occu	oation / Job title (See Instructions	)	9 Employer (See Instructions	)		
	Date 11/28/2023	Full name of contributor Political Action Committee Contributor address; City; St	·	nsurance Agents of Texas		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	)		
	Date 10/06/2023	Full name of contributor  Post, Dani  Contributor address; City; St.	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$52.05
	Principal occu	Hempstead, TX 77445 pation / Job title (See Instructions	)	Employer (See Instructions	)		
	Retired			Retired			
	Date 11/28/2023	Full name of contributor Public Blueprint LLC Contributor address; City; St Austin, TX 78701				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	)		
	Date 11/28/2023	Full name of contributor Rivero, Hector L.  Contributor address; City; St.  Austin, TX 78731	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions		Employer (See Instructions Texas Chemical Council			

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 19/27 Rpt: 22/85	
2	FILER NAME Hegar Jr., G	enn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 11/28/2023	<ul> <li>Full name of contributor  out-of-state PAROdriguez, Oscar</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78705					
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions TX Assn Broadcasters	)		
	Date 11/28/2023	Full name of contributor out-of-state PARON Lewis & Associates  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 Dation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/28/2023	Full name of contributor out-of-state PAR ural Friends of Electric Cooperatives PAR Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/17/2023	Full name of contributor out-of-state PA Sala, Kay  Contributor address; City; State; Zip Code  Conroe, TX 77301	-			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/26/2023	Full name of contributor out-of-state PA Scott Douglass & McConnico LLP Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$7,500.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 23/85	
2	FILER NAME Hegar Jr., Gl	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 11/30/2023	<ul><li>5 Full name of contributor Shields, Brad</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$250.00
_	Dringing!	Austin, TX 78701	\ lo	Franks on (Cas Instructions	_		
8	Managing As	pation / Job title (See Instructions ssociate	9	Employer (See Instructions Texas Legislative Assoc		es	
	Date 11/20/2023	Full name of contributor Smith, Richard Contributor address; City; St				Amount of Contribution (\$)	\$1.00
	Principal occu	Amarillo, TX 79118 pation / Job title (See Instructions	)	Employer (See Instructions Retired	j)		
	Date 11/28/2023	Full name of contributor Smith, William Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$250.00
		Texarkana, TX 75503 pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 10/10/2023	Full name of contributor Southern Glazer's PAC of Contributor address; City; St Austin, TX 78701		Self Employed		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 11/28/2023	Full name of contributor Stewart, Thomas Contributor address; City; St Austin, TX 78755	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Association I	pation / Job title (See Instructions Executive	)	Employer (See Instructions Texas Charity Advocate			
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/27 Rpt: 24/85	
2	FILER NAME Hegar Jr., Gl	enn A. (The Honorable)		3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 09/18/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Dallas, TX 75220 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Chairman an		Susser Bank	,		
	Date 12/11/2023	Full name of contributor X out-of-state PAC (ID#: C T-Mobile US Inc PAC Contributor address; City; State; Zip Code	00361758 )		Amount of Contribution (\$)	\$2,500.00
		Washington, DC 20004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Aviation Association (AG-AIR Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Beverage Alliance of the Texas Package : Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/27 Rpt: 25/85	
2	FILER NAME Hegar Jr., G	enn A. (The Honorable)		3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 11/27/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 07/17/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Impact, a CRH PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Deinsinal assu	Austin, TX 78726	Franksian (Caalinatuustiana			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor		00007070 )		Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75243				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703-4775	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code  Austin, TX 78705	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/27 Rpt: 26/85	
2	FILER NAME Hegar Jr., G	enn A. (The Honorable)		3	Filer ID (Ethics Commissi 00051286	on Filers)
4	Date 11/28/2023  5 Full name of contributor out-of-state PAC (ID#:)  Texas Society Of Certified Public Accountants PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15,000.00	
_		Addison, TX 75001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/28/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	-					
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ The Beer Alliance of Texas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/23/2023	Full name of contributor \(\times\) out-of-state PAC (ID#: \(Contributor\)  The Boeing Company PAC  Contributor address; City; State; Zip Code  Arlington, VA 22202	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ The Chickasaw Nation  Contributor address; City; State; Zip Code  Ada, OK 74820	)		Amount of Contribution (\$)	\$7,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>S</b> )		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 24/27 Rpt: 27/85	
2	FILER NAME Hegar Jr., Gl	lenn A. (The Honorable)			3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 11/08/2023	The Posey Law Firm, PC	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
Ω	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	la la	Employer (See Instructions	.)		
0	Fillicipal occu	pation / 300 title (3ee matructions)		Employer (See instructions	')		
	Date 11/07/2023	Full name of contributor  Townsend, Trent  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	Austin, TX 78703		Employer (See Instructions	_		
Principal occupation / Job title (See Instructions)  Employer (See Instruction  Partner  Imperium Public Affairs		Imperium Public Affairs	)				
	Date 11/07/2023	Full name of contributor  Townsend, Trent (Mr.)  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78703					
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Imperium Public Affairs	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/28/2023 Turrieta, Gilbert  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00		
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u>		
	Date Full name of contributor x out-of-state PAC (ID#: C00169821  11/28/2023 Tyson Foods Inc. PAC (TYPAC)  Contributor address; City; State; Zip Code  Springdale, AR 72765			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDU	LE A1
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 25/27 Rpt: 28/85	
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)			3 Filer ID (Ethics Commission 00051286	on Filers)
4	Date 12/30/2023	<ul><li>5 Full name of contributor Udell, Bob</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7 Amount of Contribution (\$)	\$51.01
		The Woodlands, TX 77380				
8	Principal occu CEO	pation / Job title (See Instructions)		9 Employer (See Instructions Consolidated Communic		
	Date 11/08/2023	Full name of contributor Union Pacific Corporation Contributor address; City; Sta Washington, DC 20005			Amount of Contribution (\$)	\$7,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	(c)	
	Date 11/08/2023	Full name of contributor Vistra Employee PAC of V Contributor address; City; Sta		000226548	Amount of Contribution (\$)	\$5,000.00
	Principal occu	Irving, TX 75039 pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 11/08/2023	Walmart Inc PAC for Resp		000093054	Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 11/09/2023	Full name of contributor Warren, Jim Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)	
			,			

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS			SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 26/27 Rpt: 29/85	
2	FILER NAME Hegar Jr., Gl	lenn A. (The Honorable)				3	Filer ID (Ethics Commission 00051286	on Filers)
4	Date 08/09/2023	<ul><li>5 Full name of contributor Warren, Jim</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$100.00
0	Dringing aggr	Hockley, TX 77447	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 Employe	er (See Instructions	<u>,,</u>		
8	Managing As	pation / Job title (See Instructions ssociate	)		Legislative Assoc		es	
	Date 09/11/2023	Full name of contributor Whelan, Stephanie Contributor address; City; St	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$500.00
	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions	<u>,                                      </u>	Employe	er (See Instructions	s) 		
	Timopai occu	pation / oob title (occ motivations	,	Employ	or (Occ mandenone	٠,		
	Date 11/20/2023	Full name of contributor Whitten, John C. (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			•	Amount of Contribution (\$)	\$52.05
		Fort Worth, TX 76110						
	Principal occu Consultant	pation / Job title (See Instructions	)		er (See Instructions end County	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Whitten, John C. (Mr.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76110			Amount of Contribution (\$)	\$100.00			
	Principal occu Consultant	pation / Job title (See Instructions	)		er (See Instructions end County	5)		
Date  Full name of contributor out-of-state PAC (ID#:)  Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00				
	Principal occu	pation / Job title (See Instructions	)	Employe	er (See Instructions	5)		
			,					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 27/27 Rpt: 30/85		
2	FILER NAME Hegar Jr., G	lenn A. (The Honorable)		3	Filer ID (Ethics Commissi 00051286	on Filers)
4			7	Amount of Contribution (\$)	\$50.00	
_		Lockhart, TX 78644	0.5.1.00.1.00	Ĺ		
8	Attorney	ipation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/19/2023 Wood, Cathey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
		Buna, TX 77612				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#: Wood, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Pflugerville, TX 78660  upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Consultant	,	Self Employed	-,		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ection Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 31/85					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Hegar Jr., G	Glenn A. (The Honorable)		00051286				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution				
11/07/2023	Blackridge		contribution (\$) description \$1,948.30   Campaign reception				
	7 Contributor address; City; State; Zip Code		I si,946.301 Campaign reception				
	Austin, TX 78701	1	Check if travel outside of Texas. Complete Schedule				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>					
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution				
11/28/2023	Carriage House Partners LLC		contribution (\$) description				
11,20,2020	Contributor address; City; State; Zip Code		\$528.00 Food, beverage, and				
	Continuation address, City, State, 21p Code		invitations for campaign fundraiser				
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
	, , , , , , , , , , , , , , , , , , , ,		,				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
	,	<b>,</b>					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
			,				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>					
Data	Full name of contributor		Amount of ! In-kind contribution				
Date 11/28/2023		)	contribution (\$) description				
11/20/2023	Texas REALTORS PAC (TREPAC)		\$250.00 Advertising for campaign				
	Contributor address; City; State; Zip Code		fundraising event				
			!				
	Austin, TX 78768						
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule  J-JUDICIAL) (See instructions)				
Fillicipal occi	Employer (FOR NON-30DICIAE) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	in contributor is a crima, taw intri or parcria(s) (in arry) (i or sobrothe)						

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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

	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: 1/32 Rpt: 32/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	07/06/2023	AT & T
6	Amount (\$) \$79.77	7 Payee address; City; State; Zip Code PO Box 650574  Dallas, TX 75265
8	PURPOSE	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Cell phone service for campaign/officeholder purposes
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/03/2023	AT & T
	Amount (\$) \$79.28	Payee address; City; State; Zip Code PO Box 650574
		Dallas, TX 75265
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cell phone service for campaign/officeholder purposes
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2023	AT & T
	Amount (\$) \$79.28	Payee address; City; State; Zip Code PO Box 650574
		Dallas, TX 75265
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cell phone service for campaign/officeholder purposes
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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:		5)
	Sch: 2/32 Rpt: 33/85	Hegar Jr., Glenn A. (The Honorable) 00051286	
4	Date	5 Payee name	
L	10/04/2023	AT & T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$79.28	PO Box 650574	
		Dallas, TX 75265	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAFLINDITURE	Check if Austin, TX, officeholder living expense	
		Cell phone service for campaign/officeholder purposes	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01		
	Date	Payee name	
L	11/08/2023	AT & T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.28	PO Box 650574	
		Dallas, TX 75265	
	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	
		Cell phone service for campaign/officeholder	
		purposes	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	12/04/2023	AT & T	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$167.40	PO Box 650574	
	Ψ±07.40	10 300 000017	
		Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
		Coll phone convice for comparing office holder	
		Cell phone service for campaign/officeholder purposes	
	Complete ONLY if alice of		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/32 Rpt: 34/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	12/04/2023	AT & T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.38	PO Box 650574
		Dallas, TX 75265
8	PURPOSE	
٠	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cell phone service for campaign/officeholder
		purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>1</b>
	Date	Payee name
	07/29/2023	AT & T
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.29	PO Box 650574
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Internet for Austin office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2023	AT & T
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.29	PO Box 650574
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Internet for Austin office
	Complete ONII V If allows	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor		Travel Out of Dis	strict category not listed above)
L		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 4/32 Rpt: 35/85	Hegar Jr., Glenn A. (The Honorable)		00051286	
4	Date	5 Payee name			
	09/29/2023	AT & T			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$161.29	PO Box 650574			
		Dallas, TX 75265			
8	DURDOCE	<u> </u>			
ľ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overthe and (Dented Expressed)	al oute	ide of Texas. Com	nlete Schedule T
	EXPENDITURE	Cinice overneda//teritar Expense		, officeholder living	
		Internet for A			,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
H	Date	Davida nama			
	10/28/2023	Payee name AT & T			
L		**			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$161.29	PO Box 650574			
		Dallas, TX 75265			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		ide of Texas. Com	
	EXI ENDITORE	l		, officeholder living	g expense
		Internet for A	Ausi	un onice	
┝	Operation ONE V if allowed	On all data (Office held an agree		O#: I-	-1-1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eia
L	<u> </u>				
	Date	Payee name			
	11/28/2023	AT & T			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$161.29	PO Box 650574			
		Dallas, TX 75265			
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	'	el outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		in, TX	, officeholder living	g expense
		Internet for A	Aust	tin office	
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/Ol	<del>"</del>			
				<u> </u>	
ĺ					

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/32 Rpt: 36/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	12/28/2023	AT & T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$161.29	PO Box 650574
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Internet for Austin office
		memerior / datin onec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/02/2023	Atchley & Associates LLP
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,097.50	1005 La Posada Dr
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign accounting and compliance services
		Campaign accounting and compliance convices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/26/2023	Atchley & Associates LLP
	Amount (\$)	Payee address; City; State; Zip Code
	\$442.50	1005 La Posada Dr
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Campaign accounting and compliance services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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	/ - al Co	mmittee	Legal Se		•		/ages	/Contract Labor		Travel O		strict category not listed above)
	and a symone			The Ins	struction Gu	iide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	)	(Ethics Commission Filers)
	Sch: 6/32 Rpt: 37/85		Hegar Jr., C	Slenn A	A. (The Ho	onorable)					00051	286	
4	Date	5	Payee name										
	07/01/2023		Bryan, Chri	S									
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de					
	\$2,000.00		7601 Jester	r Blvd									
			Austin, TX	78750									
8	PURPOSE	(a)	Category (S	ee Catego	ories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Consulting			•			므				plete Schedule T.
	LAI LINDITORL								Check if Austin				
									Campaign me	edi	a consi	uitant	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholde	er name	(	Office sou	ght			Off	fice he	eld
L	Superiord to benefit 0/01												
	Date		Payee name			<del></del>							
	08/01/2023		Bryan, Chri	S									
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de					
	\$2,000.00		7601 Jester	r Blvd									
			Austin, TX	78750									
	PURPOSE	(a)	Category (S	ee Catego	ories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Consulting	Expen	se				<b>-</b>				plete Schedule T.
									Campaign me				
									Campaign III	cui	م 10115	ananl	
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	icahold	ar namo		Office sou	aht			O#	fice he	ald
	expenditure to benefit C/OI		Januluale/OIII	CELIUIU	zi iiaille	(	onice sou	grit			Oli	iice iit	aiu
$\vdash$	Date		Dayes rem										
	Date		Payee name										
	09/01/2023		Bryan, Chri										
	Amount (\$)		Payee addre		City;	State	; Zip Co	de					
	\$2,000.00		7601 Jeste	r Blvd									
L		L	Austin, TX	78750									
	PURPOSE	(a)	Category (S	ee Catego	ories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Consulting	Expen	se				ш				plete Schedule T.
	<del>-</del>								Campaign me				
									Campaign me	eul	a const	uildiil	
	Complete ONII V If allows	L_	Condidate /Off	اعطمما			Office	al-+				ios !-	ald.
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoide	er name	(	Office sou	ynt			Off	fice he	eiu
_													

#### 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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/32 Rpt: 38/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	10/01/2023	Bryan, Chris
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 7601 Jester Blvd
		Austin, TX 78750
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign media consultant
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/01/2023	Bryan, Chris
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 7601 Jester Blvd
		Austin, TX 78750
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign media consultant
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	Bryan, Chris
	Amount (\$) \$12,000.00	Payee address; City; State; Zip Code 7601 Jester Blvd
		Austin, TX 78750
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign media consultant
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -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: 8/32 Rpt: 39/85 Hegar Jr., Glenn A. (The Honorable) 00051286 4 Date Payee name 07/01/2023 Buzard, Kim 6 Amount (\$) Payee address; State; Zip Code \$1,000.00 1606 Country Squire Richmond, TX 77406 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. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign administrative services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2023 Buzard, Kim Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1606 Country Squire Richmond, TX 77406 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign administrative services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/01/2023 Buzard, Kim Amount (\$) Payee address; City: State; Zip Code \$1,000.00 1606 Country Squire Richmond, TX 77406 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign administrative services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

Contributions/ Donation: Candidate/Officehold Credit Card Payment		Committee Legal Services	_	es/Contract Labor	Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
		The Instruction Guide explains	now to comp			
1 Total pages Schedu				3		(Ethics Commission Filers)
Sch: 9/32 Rpt: 4		Hegar Jr., Glenn A. (The Honorable)			00051286	
4 Date		5 Payee name				
10/01/2023		Buzard, Kim				
6 Amount (\$)		7 Payee address; City; State	; Zip Code			
\$1,0	00.00	1606 Country Squire				
		Richmond, TX 77406				
8 PURPOSE		(a) Category (See Categories listed at the top of this sch	nedule) (b	<b>)</b> Description		
OF EXPENDITURE		Salaries/Wages/Contract Labor			side of Texas. Comp	
				$\Box$	X, officeholder living	
				Campaign adm	iinistrative serv	rices
9 Complete ONLY if a expenditure to bene			Office sough	t	Office hel	d
experiorare to belle	CIIL C/OF	1				
Date		Payee name				
11/01/2023		Buzard, Kim				
Amount (\$)		Payee address; City; State	; Zip Code			
\$1,0	00.00	1606 Country Squire				
		Richmond, TX 77406				
PURPOSE OF		(a) Category (See Categories listed at the top of this sch	nedule) (b	) Description		
EXPENDITURE		Salaries/Wages/Contract Labor		ш	side of Texas. Compl	
				Campaign adm	X, officeholder living of	
				Campaign aum	minou auve serv	71063
Complete ONLY #	direct	Candidato/Officeholder name	Office source	<u> </u>	Office had	d
Complete <u>ONLY</u> if one expenditure to bene			Office sough	l	Office hel	u 
Date	<u> </u>	Payee name				
12/01/2023		Buzard, Kim				
			<b>-</b> - ·			
Amount (\$)		, , , , , , , , , , , , , , , , , , , ,	; Zip Code			
\$11,0	00.00	1606 Country Squire				
		Richmond, TX 77406				
PURPOSE	Ī	(a) Category (See Categories listed at the top of this sch	nedule) (b	<b>)</b> Description		
OF EXPENDITURE		Salaries/Wages/Contract Labor		ш	side of Texas. Comp	
- · <u>-</u>				Campaign adm	X, officeholder living e	·
				Campaign aum	miisuauve selv	/IUU3
Complete ONLY if (	direct	Candidate/Officeholder name (	Office sough	<u> </u>	Office hel	h
expenditure to bene			Cinco Sougii	•	Cilico fiel	<u>~</u>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Coloradula 54	
1	Total pages Schedule F1:	
	Sch: 10/32 Rpt: 41/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	07/17/2023	Consolidated Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$153.68	PO Box 1568
		Conroo TV 7720E
		Conroe, TX 77305
8	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 office phone/internet service
		Campaign onice phone/internet service
_	Operation Children	Overdidate 10ff and address over 10ff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/16/2023	Consolidated Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.01	PO Box 1568
	,	
		Conres TV 7720F
		Conroe, TX 77305
	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 office phone/internet service
		Campaign office phonomical service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	09/15/2023	Consolidated Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.01	PO Box 1568
		Conroe, TX 77305
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign office phone/internet service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this f	form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 11/32 Rpt: 42/85	Hegar Jr., Glenn A. (The Honorable)	00051286
4	Date	5 Payee name	
_	10/18/2023	Consolidated Communications	
6	Amount (\$) \$152.72	7 Payee address; City; State; Zip Code PO Box 1568	
	\$152.72	PO BOX 1506	
		Conroe, TX 77305	
8	PURPOSE	ļ <u> </u>	ntion
Ü	OF		ption ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Camp	aign office phone/internet service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cince Held
-	Date	Payee name	
	11/15/2023	Consolidated Communications	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$153.26	PO Box 1568	
		Conroe, TX 77305	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	T Office Overhead/Nertial Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		,	aign office phone/internet service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiditure to benefit C/O		
	Date	Payee name	
	12/20/2023	Consolidated Communications	
	Amount (\$) \$153.54	Payee address; City; State; Zip Code PO Box 1568	
	Ψ133.34	FO BOX 1500	
		Conroe, TX 77305	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	OF EXPENDITURE	Onice Overnead/Nerital Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		,	aign office phone/internet service
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	н	

### SCHEDULE F1

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

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

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

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

l	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: 12/32 Rpt: 43/85	Hegar Jr., Glenn A. (The Honorable) 00051286	
4	Date	5 Payee name	_
	11/30/2023	DeBerry, Dale	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$68.06	18700 Waltz Ct.	
		Austin, TX 78738	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contribution refund Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Refund of contributions	
		rotalia di continuazione	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
F	Date	Payee name	-
	07/01/2023	FlexPoint Media	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$7,500.00	PO Box 1051	
		New Albany, OH 43054	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Campaign digital media consultant	
		Campaign alignal module of localitation	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г	Date	Payee name	_
	08/01/2023	FlexPoint Media	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$7,500.00	PO Box 1051	
		New Albany, OH 43054	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Campaign digital media consultant	
		Campaign aignat modia ooncanant	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
Г			_
1			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	Ü	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/32 Rpt: 44/85	Hegar Jr., Glenn A. (The Honorable)		00051286
4	Date	5 Payee name		•
	10/01/2023	FlexPoint Media		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$4,513.66	PO Box 1051		
		New Albany, OH 43054		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Campaign digital media consultant
_	0 1: 0:11:4"			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	gnt	Office held
	Date	Payee name		
	11/01/2023	FlexPoint Media		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7,500.00	PO Box 1051		
		New Albany, OH 43054		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Campaign digital media consultant
				Campaigh digital media consultant
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
_	Data			
	Date 12/01/2023	Payee name FlexPoint Media		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7,500.00	PO Box 1051		
		New Albany, OH 43054		
	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 digital media consultant
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		J	<del></del>

### 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

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

07/24/2023 Fratelli Pizza Westlake  6 Amount (\$) 7 Payee address; City; State; Zip Code \$332.00 \$3736 Bee Cave Road Suite 3  West Lake Hills, TX 78746	ilers)
4 Date 07/24/2023  5 Payee name Fratelli Pizza Westlake  6 Amount (\$)  7 Payee address; City; State; Zip Code 3736 Bee Cave Road Suite 3  West Lake Hills, TX 78746	
07/24/2023 Fratelli Pizza Westlake  6 Amount (\$)  7 Payee address; City; State; Zip Code 3736 Bee Cave Road Suite 3  West Lake Hills, TX 78746	
6 Amount (\$)  7 Payee address; City; State; Zip Code  \$332.00  West Lake Hills, TX 78746	
\$332.00 3736 Bee Cave Road Suite 3  West Lake Hills, TX 78746	
West Lake Hills, TX 78746	
9 DIDDOSE (2) Cotonomic (b) Decorrinties	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EVENT Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Austin state office summer intern luncheon	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
07/01/2023 Hardon Strategies	
Amount (\$) Payee address; City; State; Zip Code	
\$2,000.00 PO Box 6705	
Alexandria, VA 22306	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
OF EXPENDITURE  Consulting Expense  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense  Campaign digital media consultant	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
·	
Date Payee name	
Date Payee name 08/01/2023 Hardon Strategies	
Date Payee name 08/01/2023 Hardon Strategies Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 08/01/2023 Hardon Strategies	
Date Payee name 08/01/2023 Hardon Strategies  Amount (\$) Payee address; City; State; Zip Code \$2,000.00 PO Box 6705	
Date 08/01/2023  Amount (\$) Payee address; City; State; Zip Code PO Box 6705  Alexandria, VA 22306	
Date 08/01/2023  Hardon Strategies  Amount (\$)  Payee address; City; State; Zip Code \$2,000.00  PO Box 6705  Alexandria, VA 22306  PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
Date 08/01/2023  Hardon Strategies  Amount (\$) Payee address; City; State; Zip Code \$2,000.00 PO Box 6705  Alexandria, VA 22306  PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
Date 08/01/2023  Amount (\$)  Payee address; City; State; Zip Code \$2,000.00  PO Box 6705  Alexandria, VA 22306  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Posse Categories listed at the top of this schedule) Consulting Expense  Posse Categories listed at the top of this schedule) Consulting Expense	
Date 08/01/2023	
Date	
Date 08/01/2023  Amount (\$) \$2,000.00  Payee address; City; State; Zip Code PO Box 6705  Alexandria, VA 22306  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign digital media consultant	
Date	

### 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 com	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/32 Rpt: 46/85	Hegar Jr., Glenn A. (The Honorable)		00051286
4	Date	5 Payee name		
	09/01/2023	Hardon Strategies		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$2,000.00	PO Box 6705		
		Alexandria VA 2220C		
_		Alexandria, VA 22306		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(a 	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	į	Check if Austin, TX, officeholder living expense
			(	Campaign digital media consultant
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht	Office held
_	Data			
	Date 10/01/2023	Payee name Hardon Strategies		
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PO Box 6705	е	
	Ψ2,000.00	1 0 50% 0703		
		Alexandria, VA 22306		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Consulting Expense	į	Check if travel outside of Texas. Complete Schedule T.
			Į,	Check if Austin, TX, officeholder living expense  Campaign digital media consultant
				Campaign aighai meala concatant
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	11/01/2023	Hardon Strategies		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$2,000.00	PO Box 6705		
		Alexandria, VA 22306		
	PURPOSE OF	, , ,	b)	Description
	EXPENDITURE	Consulting Expense	] 	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Campaign digital media consultant
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	1		

### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Onations Made By -

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 16/32 Rpt: 47/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	12/01/2023	Hardon Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	PO Box 6705
		Alexandria, VA 22306
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Campaign digital media consultant
		Sampaigh digital media consultant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/11/2023	Hegar, Glenn
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,078.97	PO Box 1568
	Ψ2,010.01	1 0 DOX 1000
		Katy, TX 77942
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Reimbursement of Schedule G mileage expense on
		this report
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/27/2023	Hegar, Glenn
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1,368.95	PO Box 1568
	Φ1,300.93	FO BOX 1300
		Katy, TX 77942
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement of Schedule G mileage expense on this report
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•

### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: 17/32 Rpt: 48/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	12/20/2023	Hegar, Glenn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,683.54	PO Box 1568
		Katy, TX 77942
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement of Schedule G mileage expense on
		this report
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/01/2023	Hill Country Fellowship
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1783 Pfeiffer Road
		Fredricksburg, TX 78624
	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
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/14/2023	IDonate Pro
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1783 Pfeiffer Road
	Ψ100.00	1700 Ficinio Frodu
		Dallas, TX 75225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Campaign database expense
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made E
Candidate/Officeholder/Politic

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	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:	
	Sch: 18/32 Rpt: 49/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	08/13/2023	IDonate Pro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1783 Pfeiffer Road
		Dallas, TX 75225
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Compaign detabase syropes
		Campaign database expense
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff C/Of	•
	Date	Payee name
	09/13/2023	IDonate Pro
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1783 Pfeiffer Road
		Dallas, TX 75225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign database expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitie to beliefft C/Of	1
	Date	Payee name
	10/13/2023	IDonate Pro
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1783 Pfeiffer Road
		Dallas, TX 75225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Campaign database expense
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/32 Rpt: 50/85	Hegar Jr., Glenn A. (The Honorable)	00051286
4	Date	5 Payee name	
	11/15/2023	IDonate Pro	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	1783 Pfeiffer Road	
		D-II TV 75005	
Ļ		Dallas, TX 75225	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overfleau/Refital Expense	Check if Austin, TX, officeholder living expense
			Campaign database expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	12/15/2023	IDonate Pro	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1783 Pfeiffer Road	
		Dallas, TX 75225	
	PURPOSE OF	,	Description  Charlest travel systems of Toyon Complete Schoolule T
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Campaign database expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	<u> </u>	
	Date	Payee name	
	07/01/2023	Johnson Strategies LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,500.00	4612 Dusik Lane	
		Austin, TX 78746	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Campaign management consulting
			-
	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/32 Rpt: 51/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	08/01/2023	Johnson Strategies LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	4612 Dusik Lane
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign management consulting
_	Complete ONLY if direct	Condidate/Officeholder name Office county
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/01/2023	Johnson Strategies LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	4612 Dusik Lane
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign management consulting
		Campaign management concanning
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/01/2023	Johnson Strategies LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	4612 Dusik Lane
	φο,σσσ.σσ	4012 Busin Euric
		Austin, TX 78746
	DUDDOCE	To the second se
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if Austin, TX, officeholder living expense
		Campaign management consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter	a category not listed ab	ove)
	orean out a tyment			The Instruction G	Buide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 21/32 Rpt: 52/85		Hegar Jr., G	lenn A. (The F	lonorable)					00051286		
4	Date	5	Payee name									
	11/01/2023	,	Johnson Str	ategies LLC								
6	Amount (\$)	7	Payee addres	s; City;	State:	; Zip Co	de					
	\$3,500.00	4	4612 Dusik I	Lane								
		Ι,	Austin, TX 7	8746								
8	PURPOSE	-					(h)	Description				
ľ	OF			e Categories listed at	the top of this sch	iedule)	(D)	Description  Check if travel of	nutsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE	'	Consulting E	expense				=		officeholder livir		
								Campaign ma	ana	gement co	nsulting	
9	Complete ONLY if direct	C	andidate/Offic	eholder name		Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/01/2023	ı	Johnson Str	ategies LLC								
_	Amount (\$)	—	Payee addres		State	; Zip Co	de					
	\$3,500.00	l	4612 Dusik I	, ,,		, _,						
	Ψ0,000.00		TOTE BUOIN	<b>-</b> 4.10								
			Accetio TV 7	0746								
		_	Austin, TX 7									
	PURPOSE OF			e Categories listed at	the top of this sch	iedule)	(b)	Description				
	EXPENDITURE	(	Consulting E	Expense				<b>=</b>		officeholder livir	nplete Schedule T.	
								Campaign ma				
								Capa.g.		.goo oo		
_	Complete ONLY if direct	l C	andidate/Offic	eholder name	(	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						9					
-	Date	Ι,	Doves nome									
	07/27/2023	ı	Payee name Katy Einance	e - US Post Of	fice							
		-										
	Amount (\$)	l	Payee addres		State	; Zip Co	de					
	\$11.15	;	5701 Fourth	St								
			Katy, TX 774	193		_						
	PURPOSE	(a) (	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE	(	Office Overh	ead/Rental E	pense			ш			nplete Schedule T.	
	-									officeholder livir	ig expense	
								Campaign po	JOLD	ıy <del>c</del>		
_	Complete ONLY if direct		andidata/Off:	oholder neme		Office corr	ah+			Office h	vold	
	Complete ONLY if direct expenditure to benefit C/OI		anunate/Offic	eholder name	(	Office sou	yrıl			Office r	ıcıu	
	•											

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/32 Rpt: 53/85	Hegar Jr., Glenn A. (The Honorable)	00051286
4	Date	5 Payee name	•
	08/10/2023	Katy Finance - US Post Office	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$354.00	5701 Fourth St	
		Katy, TX 77493	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			ampaign PO Box rental
0	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
9	expenditure to benefit C/O		Office held
	Date		
	Date	Payee name	
	07/27/2023	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$569.24	675 Ponce De Leon Ave NE	
		Suite 500	
		Atlanta, GA 30308	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	escription
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		L   C;	ampaign email marketing
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	08/28/2023	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$569.24	675 Ponce De Leon Ave NE	
		Suite 500	
		Atlanta, GA 30308	
	PURPOSE		escription
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Cá	ampaign email marketing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to beliefit 0/0	•	

#### 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	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: 23/32 Rpt: 54/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	09/27/2023	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$569.24	675 Ponce De Leon Ave NE
		Suite 500
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign email marketing
		Campaign omai mainearig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	10/27/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$569.24	675 Ponce De Leon Ave NE
		Suite 500
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign email marketing
		Campaign omai mainearig
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г	Date	Payee name
	11/28/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$569.24	675 Ponce De Leon Ave NE
		Suite 500
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign email marketing
		Campaign entail marketing
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/32 Rpt: 55/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	12/28/2023	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$612.95	675 Ponce De Leon Ave NE
		Suite 500
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign email marketing
		Campaign email marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/01/2023	Pin Oak Plaza
	Amount (\$)	Payee address; City; State; Zip Code
	\$698.00	722 Pin Oak
		Katy, TX 77494
	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 office rent
		Campaign onto long
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	08/01/2023	Pin Oak Plaza
	Amount (\$)	Payee address; City; State; Zip Code
	\$698.00	722 Pin Oak
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		☐ Check if Austin, TX, officeholder living expense  Campaign office rent
		Campaigh onice tent
	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 Loan Repaymentv Fees Office Overhead/f Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C

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 (order a category pet listed above)

l	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: 25/32 Rpt: 56/85	Hegar Jr., Glenn A. (The Honorable) 00051286	
4	Date	5 Payee name	_
	09/01/2023	Pin Oak Plaza	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$698.00	722 Pin Oak	
		Katy, TX 77494	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Campaign office rent	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Date	Davida nama	=
	10/01/2023	Payee name Pin Oak Plaza	
L			
	Amount (\$) \$698.00	Payee address; City; State; Zip Code 722 Pin Oak	
	φ096.00	122 FIII Oak	
		Vot. TV 77404	
L		Katy, TX 77494	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign office rent	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experioration benefit C/O		
	Date	Payee name	
	11/01/2023	Pin Oak Plaza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$698.00	722 Pin Oak	
		Katy, TX 77494	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Campaign office rent	
		Campaign Since 18th	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
$\vdash$			_

#### SCHEDULE F1

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

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	nmittee	Legal Se		·		/ages	/Contract Labor			Out of Dis R (enter a	strict category not listed above	)
	•				struction G	uide explains	now to co	mple	ete this form.	_				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer	ID	(Ethics Commission	Filers)
	Sch: 26/32 Rpt: 57/85	┡	Hegar Jr., G	Slenn A	A. (The H	onorable)					0005	1286		
4	Date	ı	Payee name											
	12/01/2023		Pin Oak Pla	ıza										
6	Amount (\$)	7	Payee addres	ss;	City;	State	e; Zip Co	de						
	\$698.00	'	722 Pin Oal	<										
			Katy, TX 77	494										
8	PURPOSE	(a)	Category (Se	ee Catego	ories listed at t	he top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Office Overl				<i>'</i>		Check if travel	outsi	de of Te	xas. Com	plete Schedule T.	
	EXPENDITURE				•				Check if Austin			older living	g expense	
									Campaign of	fice	rent			
9	Complete ONLY if direct		andidate/Offi	ceholde	er name		Office sou	ght			(	Office he	eld	
	expenditure to benefit C/OI	H												
	Date		Payee name											
L	09/15/2023		Renaissanc	e Dalla	as Hotel									
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	de						
	\$218.83	:	2222 Stemn	nons F	wy									
			Dallas, TX 7	75207										
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at t	he top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE	'	Travel In Di	strict					<b>-</b>				plete Schedule T.	
	<b></b>								Check if Austin					
									Officeholder I	ııUt	ei ior	саттра	ugn event	
_														
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholde	er name		Office sou	ght			C	Office he	eld	
		_												
	Date		Payee name											
L	11/21/2023		Republican	Party	of Texas									
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	de						
	\$30,000.00		PO Box 162	27										
		,	Austin, TX 7	78768										
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at t	he top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Advertising			•	,		ш				plete Schedule T.	
	EVLENDIIOKE		J	-					Check if Austin				g expense	
									Convention S	Spo	nsors	hip		
L		L												
	Complete ONLY if direct		andidate/Offi	ceholde	er name		Office sou	ght			(	Office he	eld	
	expenditure to benefit C/OI	Н												

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 27/32 Rpt: 58/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051286
4	Date 11/30/2023	5 Payee name Spectrum
6	Amount (\$) \$9,393.00	7 Payee address; City; State; Zip Code 95 Eddy Road, Suite 101
8	PURPOSE OF EXPENDITURE	Manchester, NH 03102  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Christmas cards
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/05/2023	Payee name Stellar Bank
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 722 Pin Oak  Katy, TX 77492
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Bank Service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/06/2023	Payee name TDCJ Manufacturing and Logistic
	Amount (\$) \$324.75	Payee address; City; State; Zip Code PO Box 4013
		Huntsville, TX 77342
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gifts for supporters
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 28/32 Rpt: 59/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	09/11/2023	Texas Home School Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	PO Box 6747
		Lubbock, TX 79493
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gala Sponsorship
		σαία ομοτιούτοτημ -
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
-	Data	
	Date	Payee name
	11/08/2023	UPS Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.00	815-A Brazos St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign post office box renewal
		Campaign pool oilloo sox ronona.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Dayso nama
	07/25/2023	Payee name United States Post Office Richmond
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.45	1385 FM 359
		Richmond, TX 77406
	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 postage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
l		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\neg$
	Sch: 29/32 Rpt: 60/85	Hegar Jr., Glenn A. (The Honorable) 00051286	
4	Date	5 Payee name	
	08/08/2023	United States Post Office Richmond	
6	Amount (\$) \$17.10	7 Payee address; City; State; Zip Code 1385 FM 359 Richmond, TX 77406	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign postage	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/24/2023	United States Post Office Richmond	
	Amount (\$) \$68.31	Payee address; City; State; Zip Code  1385 FM 359	
		Richmond, TX 77406	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign postage	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/05/2023	United States Post Office Richmond	
	Amount (\$) \$28.45	Payee address; City; State; Zip Code  1385 FM 359	
		Richmond, TX 77406	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign postage	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/32 Rpt: 61/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	09/20/2023	United States Post Office Richmond
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.20	1385 FM 359
		Richmond, TX 77406
8	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 postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/04/2023	United States Post Office Richmond
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.20	1385 FM 359
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/05/2023	United States Post Office Richmond
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.45	1385 FM 359
		Richmond, TX 77406
	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 postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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: 31/32 Rpt: 62/85	Hegar Jr., Glenn A. (The Honorable) 00051286
4	Date	5 Payee name
	11/20/2023	United States Post Office Richmond
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.25	1385 FM 359
		Richmond, TX 77406
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/01/2023	United States Post Office Richmond
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$11.45	1385 FM 359
		Richmond, TX 77406
	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 postage
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	12/06/2023	United States Post Office Richmond
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.80	1385 FM 359
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign postage
$\vdash$	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 Candidate/Officeholder/Political Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction (		s/Wage	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER N	JAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 32/32 Rpt: 63/85		Jr., Glenn A. (The I	Honorable)				00051286	
4	Date	5 Payee r	iame						
	12/29/2023	United	States Post Office	Richmond					
6	Amount (\$) \$19.10	7 Payee a 1385 F Richmo		State; Zip (	Code				
8	PURPOSE	(a) Categor	y (See Categories listed a	t the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Overhead/Rental E			ш	, TX,	de of Texas. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office s	ought			Office he	eld
	Date	Payee r	ame						
	10/14/2023		Irving Convention	Center					
	Amount (\$)	Payee a	address; City;	State; Zip (	Code				
	\$217.35	400 We	est Las Colinas Blv	d					
	DUPPOS	_	TX 75039		las				
	PURPOSE OF		(See Categories listed a	t the top of this schedule)	(b)	Description	outoi	do of Toyon Com	nlata Cahadula T
	EXPENDITURE	Travel	In District					de of Texas. Comp officeholder living	
						Officeholder I			·
								oo. oapa	
	Complete ONLY if direct expenditure to benefit C/Oh		e/Officeholder name	Office s	ought			Office he	eld

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **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 F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 64/85 Hegar Jr., Glenn A. (The Honorable) 00051286 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/31/2023 Bryan, Chris Amount (\$) Payee address; State; Zip Code City; \$2,000.00 7601 Jester Blvd Austin, TX 78750 **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. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign media consultant 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/31/2023 Buzard, Kim Payee address: Amount (\$) City; State; Zip Code \$1,000.00 1606 Country Squire Richmond, TX 77406 **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. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign administrative services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

Advertising Expense Accounting/Banking	Event Expense Fees	Office Ov	ayment/Reimbursement erhead/Rental Expense		ig Expense nent & Related Expense	
Consulting Expense Contributions/ Donations Made By	Food/Beverage Expense Gift/Awards/Memorials Expens	Polling Ex	xpense	Travel in District Travel Out of District		
Candidate/Officeholder/Politica	l Committee Legal Services  The Instruction Guide ex	Vages/Contract Labor  mplete this form.	OTHER (enter a cate	gory not listed above)		
1 Total pages Schedule F2:	2 FILER NAME	<u>-</u>		3 Filer ID (Et	hics Commission Filers)	
Sch: 2/3 Rpt: 65/85	Hegar Jr., Glenn A. (The Honora	ble)		00051286		
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIG	SATIONS		\$		
5 Date	6 Payee name			l		
12/31/2023	FlexPoint Media					
7 Amount (\$)	8 Payee address; City;	State; Zip Co	ode			
\$7,500.00	PO Box 1051					
	New Albany, OH 43054					
9 TYPE OF EXPENDITURE	X Political	Non-Pol	tical			
10 PURPOSE OF	(a) Category (See Categories listed at the top o	f this schedule)	(b) Description			
EXPENDITURE	Consulting Expense		l <u>–</u>	outside of Texas. Complete , TX, officeholder living expe		
				gital media consult		
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office held		
Date	Payee name					
12/31/2023	Hardon Strategies					
Amount (\$)	Payee address; City;	State; Zip Co	ode			
\$2,000.00	PO Box 6705					
	Alexandria, VA 22306					
TYPE OF EXPENDITURE	X Political	Non-Pol	tical			
PURPOSE	(a) Category (See Categories listed at the top o	f this schedule)	(b) Description			
OF EXPENDITURE	Consulting Expense			outside of Texas. Complete , TX, officeholder living expe		
				igital media consultant		
				<b>.</b>		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office sou	ght	Office held		
i						

**EXPENDITURE CATEGORIES FOR BOX 10(a)** 

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **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. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00051286 Sch: 3/3 Rpt: 66/85 Hegar Jr., Glenn A. (The Honorable) \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/31/2023 Johnson Strategies LLC Amount (\$) Payee address; State; Zip Code \$3,500.00 4612 Dusik Lane Austin, TX 78746 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. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign management consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/4 Rpt: 67/85			
FILER NAME		3 Filer ID (Ethics Commission Filers)			
Hegar Jr., Glenn A		00051286			
Date 07/05/2023	5 Name of person from whom investment is purchased EDWARD JONES				
	6 Address of person from whom investment is purchased; City 201 PROGRESS PKWY	; State; Zip Code			
	ST LOUIS, MO 63043				
	7 Description of investment Purchase of Morgan Stanley Bank CD				
	8 Amount of investment (\$) 200,000.00				
Date 07/06/2023	Name of person from whom investment is purchased EDWARD JONES				
07/06/2023 EDWARD JONES  Address of person from whom investment is purchased; City; State; Zip Code 201 PROGRESS PKWY					
	ST LOUIS, MO 63043				
	Description of investment Purchase of Discover Bank CD				
	Amount of investment (\$) 200,000.00				
Date	Name of person from whom investment is purchased				
07/13/2023	EDWARD JONES				
	Address of person from whom investment is purchased; City 201 PROGRESS PKWY	; State; Zip Code			
	ST LOUIS, MO 63043				
	Description of investment Purchase of CIBC Bank CD				
	Amount of investment (\$) 200,000.00				
Date 07/14/2023	Name of person from whom investment is purchased EDWARD JONES				
	Address of person from whom investment is purchased; City 201 PROGRESS PKWY	; State; Zip Code			
	ST LOUIS, MO 63043				
	Description of investment Purchase of First Farmers Bank CD				
	Amount of investment (\$) 200,000.00				

The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 2/4 Rpt: 68/85				
FILER NAME		3 Filer ID (Ethics Commission Filers)				
Hegar Jr., Glenn A		00051286				
Date 08/29/2023	5 Name of person from whom investment is purchased EDWARD JONES					
	6 Address of person from whom investment is purchased; City 201 PROGRESS PKWY	; State; Zip Code				
	ST LOUIS, MO 63043					
	7 Description of investment Purchase of First FINL Bank CD					
	8 Amount of investment (\$) 200,000.00					
Date 08/29/2023	Name of person from whom investment is purchased EDWARD JONES					
	08/29/2023 EDWARD JONES  Address of person from whom investment is purchased; City; State; Zip Code  201 PROGRESS PKWY					
	ST LOUIS, MO 63043					
	Description of investment Purchase of Provident Savings Bank CD					
	Amount of investment (\$) 200,000.00					
Date	Name of person from whom investment is purchased					
08/30/2023	EDWARD JONES					
	Address of person from whom investment is purchased; City 201 PROGRESS PKWY	; State; Zip Code				
	ST LOUIS, MO 63043					
	Description of investment Purchase of Firstbank CD					
	Amount of investment (\$) 200,000.00					
Date 08/30/2023	Name of person from whom investment is purchased EDWARD JONES					
	Address of person from whom investment is purchased; City 201 PROGRESS PKWY	; State; Zip Code				
	ST LOUIS, MO 63043					
	Description of investment Purchase of Bank of America CD					
	Amount of investment (\$) 200,000.00					

The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 3/4 Rpt: 69/85			
FILER NAME		3 Filer ID (Ethics Commission Filers)			
Hegar Jr., Glenn A		00051286			
Date 08/30/2023	5 Name of person from whom investment is purchased EDWARD JONES				
	6 Address of person from whom investment is purchased; City 201 PROGRESS PKWY	State; Zip Code			
	ST LOUIS, MO 63043				
	7 Description of investment Purchase of Old National Bank CD				
	8 Amount of investment (\$) 200,000.00				
Date 10/06/2023	Name of person from whom investment is purchased EDWARD JONES				
Address of person from whom investment is purchased; City; State; Zip Code 201 PROGRESS PKWY					
	ST LOUIS, MO 63043				
	Description of investment Purchase of Centier Bank CD				
	Amount of investment (\$) 200,000.00				
Date	Name of person from whom investment is purchased				
10/06/2023	EDWARD JONES				
	Address of person from whom investment is purchased; City 201 PROGRESS PKWY	State; Zip Code			
	ST LOUIS, MO 63043				
	Description of investment Purchase of Savers Co-Operative Bank CD				
	Amount of investment (\$) 200,000.00				
Date 10/13/2023	Name of person from whom investment is purchased EDWARD JONES				
	Address of person from whom investment is purchased; City 201 PROGRESS PKWY	State; Zip Code			
	ST LOUIS, MO 63043				
	Description of investment Purchase of Park State Bank CD				
	Amount of investment (\$) 200,000.00				

The Inst	ruction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 4/4 Rpt: 70/85				
FILER NAME		3 Filer ID (Ethics Commission Filers)				
Hegar Jr., Glenn	A. (The Honorable)	00051286				
Date 10/16/2023	5 Name of person from whom investment is purchased EDWARD JONES 6 Address of person from whom investment is purchased; City 201 PROGRESS PKWY  ST LOUIS, MO 63043 7 Description of investment Purchase of Hometrust Bank CD  8 Amount of investment (\$)	r; State; Zip Code				
Date 10/18/2023	200,000.00  Name of person from whom investment is purchased EDWARD JONES  Address of person from whom investment is purchased; City 201 PROGRESS PKWY  ST LOUIS, MO 63043  Description of investment Purchase of Northway Bank CD  Amount of investment (\$)	v; State; Zip Code				

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

#### **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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explai		Expense /Wages/Contract Labor	Travel Out of OTHER (ente		
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID	(Ethics Commission File	ers)
	Sch: 1/1 Rpt: 71/85	Hegar Jr.,	Glenn A. (The Honorable)	)		0005128	6	
4	Date	5 Payee name	9			<u> </u>		
	09/11/2023	Hegar, Gle	nn					
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip C	ode			
	\$2,078.97	PO Box 15	68					
	Reimbursement from political contributions intended	Katy, TX 7	7942					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b) Description	_	utside of Texas. Complete Sche	dule T.
	OF EXPENDITURE	Travel In D	pistrict		L	_	TX, officeholder living expense	
					Mileage Reimbu 2078.97)	rsement (317	4 miles x .655 (state r	ate) =
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held	
	Date	Payee name	)					
	09/27/2023	Hegar, Gle	nn					
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip C	ode			
	\$1,368.95	PO Box 15	68					
	Reimbursement from political contributions intended	Katy, TX 7	7942					
	PURPOSE	Category (	See Categories listed at the top of this	schedule)	Description	Check if travel o	utside of Texas. Complete Sche	dule T.
	OF EXPENDITURE	Travel In D	istrict				TX, officeholder living expense	
					Mileage Reimbu 1368.95)	rsement (209	0 miles x .655 (state r	ate) =
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	cholder name		Office sought		Office held	
	Date	Payee name	9					
	12/20/2023	Hegar, Gle	nn					
	Amount (\$)	Payee addr		ate; Zip C	ode			
	\$2,683.54	PO Box 15	68					
	Reimbursement from political contributions intended	Katy, TX 7	7942					
	PURPOSE	Category (	See Categories listed at the top of this	schedule)	Description		utside of Texas. Complete Sche	dule T.
	OF EXPENDITURE	Travel In D	istrict		L	_	TX, officeholder living expense	
					Mileage Reimbu 2683.54)	rsement (409	7 miles x .655 (state r	ate) =
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held	

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

#### SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /14 Rpt: 72/85	
2	FILER NAME 3					(Ethics Commission F	-ilers)
	Hegar Jr., G	lenn A. (The Honorable)		0	0051	286	
4	Date	5 Name of person from whom amount is received	I			8 Amount (\$)	
	07/03/2023	EDWARD JONES					821.92
		6 Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, Gity, State, 21p code					
		MARYLAND HEIGHTS, MO 64043-3042					
			eck if noliti	ical	l contr	ibution returned to filer	
		Interest earned	cok ii politi	ica	COIL	ibation retained to mer	
⊨							
	Date	Name of person from whom amount is received				Amount (\$)	****
	07/05/2023	EDWARD JONES					\$24.66
		Address of person from whom amount is received; City; State; Zip Code					
		MARYLAND HEIGHTS, MO 64043-3042					
		<u> </u>	eck if politi	ica	l contr	ibution returned to filer	
		Interest earned					
	Date	Name of person from whom amount is received				Amount (\$)	
	07/24/2023	EDWARD JONES				\$	5747.94
		Address of person from whom amount is received; City; State; Zip Code					
		MARYLAND HEIGHTS, MO 64043-3042					
		Purpose for which amount is received	eck if politi	ica	l contr	ibution returned to filer	
		Interest earned					
F	Date	Name of person from whom amount is received				Amount (\$)	
	07/24/2023	EDWARD JONES				( )	\$57.53
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from Whom difficult is received, Gity, Gitate, 21p code					
		MARYLAND HEIGHTS, MO 64043-3042					
			eck if politi	ical	l contr	ibution returned to filer	
		Interest earned	ook ii poiiti	Jou	. 001111	ibation rotarriod to mor	
⊨	Dete	Nome of newson frame whom amount is received				Δ == =	
	Date 07/28/2023	Name of person from whom amount is received				Amount (\$)	5780.82
	0772872023	EDWARD JONES				3	780.82
	Address of person from whom amount is received; City; State; Zip Code						
		MARVI AND LIFICUTS MO 64043 2043					
		MARYLAND HEIGHTS, MO 64043-3042					
		<u> </u>	eck if politi	ica	l contr	ibution returned to filer	
Interest earned							
1							

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 2/14 Rpt: 73/85
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Hegar Jr., G	lenn A. (The Honorable)		00051	.286
1	Date	5 Name of person from whom amount is received			8 Amount (\$)
-	07/28/2023	EDWARD JONES			\$789.04
	0112012023				\$769.04
		6 Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		7 Purpose for which amount is received	litic	al cont	ribution returned to filer
		Interest earned			
	Data	Name of paragraphic amount is required			Amount (ft)
	Date	Name of person from whom amount is received			Amount (\$)
	07/20/2023	EDWARD JONES			\$4,509.48
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received	litic	al cont	ribution returned to filer
		Dividend earned			
	Date	Name of person from whom amount is received			Amount (\$)
	07/31/2023	EDWARD JONES			\$67.94
	01/31/2023				. 407.34
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
			litic	al cont	ribution returned to filer
		Interest earned	HILIC	ai cont	ribution returned to filer
		interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	08/03/2023	EDWARD JONES			\$849.31
		Address of person from whom amount is received; City; State; Zip Code			1
		MARYLAND HEIGHTS, MO 64043-3042			
			litic	al cont	I ribution returned to filer
		Interest earned	JILIC	ai com	indution returned to their
		interest carried			
	Date	Name of person from whom amount is received			Amount (\$)
	08/07/2023	EDWARD JONES			\$25.48
		Address of person from whom amount is received; City; State; Zip Code			1
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received Check if po	olitic	al cont	ribution returned to filer
		Interest earned			
_					

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 3/14 Rpt: 74/85
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Hegar Jr., G	lenn A. (The Honorable)		00051	.286
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	08/14/2023	EDWARD JONES			\$874.79
		6 Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, City, State, 2ip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
			olitic	al cont	I ribution returned to filer
		Interest earned	Ontic	ar oone	industrictation to mor
$\vdash$					1
	Date	Name of person from whom amount is received			Amount (\$)
	08/23/2023	EDWARD JONES			\$772.88
		Address of person from whom amount is received; City; State; Zip Code			
		MARY! AND UE!OUTO MO 04040 0040			
		MARYLAND HEIGHTS, MO 64043-3042			
		<u> </u>	olitic	al cont	ribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	08/23/2023	EDWARD JONES			\$59.45
		Address of person from whom amount is received; City; State; Zip Code			1
		MARYLAND HEIGHTS, MO 64043-3042			
			olitic	al cont	ribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	08/21/2023	EDWARD JONES			\$4,085.47
		Address of person from whom amount is received; City; State; Zip Code			•
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received	olitic	al cont	ribution returned to filer
		Dividend earned			
	Date	Name of person from whom amount is received			Amount (\$)
	08/28/2023	EDWARD JONES			\$806.85
		Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, Gity, Glate, Zip Gode			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received Check if po	olitic	al cont	ribution returned to filer
		Interest earned			

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 1/14 Rpt: 75/85
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Hegar Jr., G	lenn A. (The Honorable)		00051	.286
1	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)
-	08/28/2023	EDWARD JONES			\$815.34
	00/20/2023				\$013.34
		6 Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		7 Purpose for which amount is received	olitio	al cont	ribution returned to filer
		Interest earned			
=	Date	Name of person from whom amount is received			Amount (\$)
	08/31/2023	EDWARD JONES			\$67.94
	00/31/2023				<b>Ф</b> 07.94
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received	olitio	al cont	ribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	09/01/2023	EDWARD JONES			\$4,889.86
		Address of person from whom amount is received; City; State; Zip Code			
		, autoss of person from more another roots roug, only, cance, and control			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received Check if pr	olitio	al cont	ribution returned to filer
		Interest earned		,	
					Ι
	Date	Name of person from whom amount is received			Amount (\$)
	09/05/2023	EDWARD JONES			\$849.31
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received	olitio	al cont	ribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	09/05/2023	EDWARD JONES			\$25.48
		Address of person from whom amount is received; City; State; Zip Code			1
		Address of person from whom amount is received, City, State, 2ip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
			olitic	al cont	ribution returned to filer
		Interest earned		50.10	
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	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /14 Rpt: 76/85	
2	FILER NAME		3	Fil	er ID	(Ethics Commission	on Filers)
	Hegar Jr., G	lenn A. (The Honorable)		00	0512	286	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	09/14/2023	EDWARD JONES					\$874.79
		6 Address of person from whom amount is received; City; State; Zip Code					
		MARYLAND HEIGHTS, MO 64043-3042					
		7 Purpose for which amount is received	oliti	cal	contri	ibution returned to fil	er
		Interest earned					
Г	Date	Name of person from whom amount is received				Amount (\$)	
	09/25/2023	EDWARD JONES					\$772.88
		Address of person from whom amount is received; City; State; Zip Code					
		MARYLAND HEIGHTS, MO 64043-3042					
		_ `	oliti	cal	contri	ibution returned to fil	er
		Interest earned					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/25/2023	EDWARD JONES					\$59.45
		Address of person from whom amount is received; City; State; Zip Code					
		MARYLAND HEIGHTS, MO 64043-3042					
			oliti	cal	contri	ibution returned to fil	er
		Interest earned					
F	Date	Name of person from whom amount is received			1	Amount (\$)	
	09/28/2023	EDWARD JONES				(4)	\$806.85
		Address of person from whom amount is received; City; State; Zip Code					
		- Lauresce et person in in in arrivalité le receive a, ett, et care, ett, et care, et person et le receive a l					
		MARYLAND HEIGHTS, MO 64043-3042					
		Purpose for which amount is received	oliti	cal	contri	ibution returned to fil	er
		Interest earned					
F	Date	Name of person from whom amount is received				Amount (\$)	
	09/28/2023	EDWARD JONES					\$815.34
		Address of person from whom amount is received; City; State; Zip Code					
		MARYLAND HEIGHTS, MO 64043-3042					
		·	oliti	cal	contri	ibution returned to fil	er
		Interest earned					

_					
	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 6/14 Rpt: 77/85
2	FILER NAME		3	Filer	ID (Ethics Commission Filers)
	Hegar Jr., G	lenn A. (The Honorable)		0005	51286
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	09/20/2023	EDWARD JONES			\$3,973.96
		6 Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, City, State, 2th Code			
		MARYLAND HEIGHTS, MO 64043-3042			
			ack if politi	cal co	
		Dividend earned	ieck ii politi	cai coi	illibution returned to lilei
⊨					<u> </u>
	Date	Name of person from whom amount is received			Amount (\$)
	10/02/2023	EDWARD JONES			\$65.75
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
			eck if politi	cal co	ntribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	10/03/2023	EDWARD JONES			\$821.92
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received	eck if politi	cal co	ntribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	10/05/2023	EDWARD JONES			\$24.66
		Address of person from whom amount is received; City; State; Zip Code			···· <mark>·</mark>
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received	eck if politi	cal co	ntribution returned to filer
		Interest earned	·		
H	Date	Name of person from whom amount is received			Amount (\$)
	10/13/2023	EDWARD JONES			\$2,256.16
	10/10/2020				
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		_	neck if noliti	cal co	
		Interest earned	icok ii puill	oui oui	ianoanon retarrica to ilici
_					

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 7/14 Rpt: 78/85
2	FILER NAME		3	Filer I	(Ethics Commission Filers)
	Hegar Jr., G	lenn A. (The Honorable)		00051	.286
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	10/13/2023	EDWARD JONES			\$1,303.56
		6 Address of person from whom amount is received; City; State; Zip Code			•
		Address of person from whom amount is received, City, State, 21p code			
		MARYLAND HEIGHTS, MO 64043-3042			
			olitic	cal cont	I ribution returned to filer
		Interest earned	J	Jan 00111	instituti retarried to mer
	Data	l Name of the state of the stat			A
	Date	Name of person from whom amount is received			Amount (\$)
	10/16/2023	EDWARD JONES			\$846.57
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEICHTS MO 64042 2042			
		MARYLAND HEIGHTS, MO 64043-3042	- 1141		aller Allera and American Allera
		_ ·	Olitio	cai cont	ribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	10/23/2023	EDWARD JONES			\$747.94
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
			ali+i/	aal aant	lribution returned to filer
		Interest earned	אוונונ	Jai Cuiil	indution returned to liler
_					1
	Date	Name of person from whom amount is received			Amount (\$)
	10/23/2023	EDWARD JONES			\$57.53
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		_ ·	olitio	cal cont	ribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	10/20/2023	EDWARD JONES			\$2,858.97
		Address of person from whom amount is received; City; State; Zip Code			1
		MARYLAND HEIGHTS, MO 64043-3042			
		<u> </u>	olitio	cal cont	ribution returned to filer
		Dividend earned			

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: B/14 Rpt: 79/85	
2	FILER NAME		3	Filer I	) (Ethics Commission F	ilers)
	Hegar Jr., G	lenn A. (The Honorable)		00051	1286	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	10/30/2023	EDWARD JONES				780.82
	10/00/2020					100.02
		6 Address of person from whom amount is received; City; State; Zip Code				
		MARYLAND HEIGHTS, MO 64043-3042				
		7 Purpose for which amount is received	olitic	al cont	ribution returned to filer	
		Interest earned				
_	Date	Name of person from whom amount is received			Amount (\$)	
	10/30/2023	EDWARD JONES				789.04
	10/00/2020					
		Address of person from whom amount is received; City; State; Zip Code				
		MARYLAND HEIGHTS, MO 64043-3042				
			olitic	al cont	I ribution returned to filer	
		Interest earned	Ontic	ai com	indution returned to mer	
					ı	
	Date	Name of person from whom amount is received			Amount (\$)	
	10/30/2023	EDWARD JONES				952.60
		Address of person from whom amount is received; City; State; Zip Code				
		MARYLAND HEIGHTS, MO 64043-3042				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to filer	
		Interest earned				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/31/2023	EDWARD JONES			` '	\$67.94
	10/31/2023					φ01.34
		Address of person from whom amount is received; City; State; Zip Code				
		MARYLAND HEIGHTS, MO 64043-3042				
			olitic	val cont	l ribution returned to filer	
		Interest earned	Ontic	ai com	indution returned to mer	
	Date	Name of person from whom amount is received			Amount (\$)	
	11/03/2023	EDWARD JONES				849.31
		Address of person from whom amount is received; City; State; Zip Code				
		MARYLAND HEIGHTS, MO 64043-3042				
			olitic	al cont	ribution returned to filer	
L		Interest earned	_			

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 0/14 Rpt: 80/85	
2	FILER NAME		3	Filer ID	(Ethics Commission File	ers)
	Hegar Jr., G	lenn A. (The Honorable)		00051	.286	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
-	11/06/2023	EDWARD JONES				25.48
		6 Address of person from whom amount is received; City; State; Zip Code				
		MARYLAND HEIGHTS, MO 64043-3042				
		7 Purpose for which amount is received	olitic	al cont	ribution returned to filer	
		Interest earned				
_	Date	Name of person from whom amount is received			Amount (\$)	
	11/13/2023	EDWARD JONES				08.77
	11/10/2020					30.77
		Address of person from whom amount is received; City; State; Zip Code				
		MARVI AND LIFICUTE MO 64042 2042				
		MARYLAND HEIGHTS, MO 64043-3042				
			olitic	al cont	ribution returned to filer	
		Interest earned				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/14/2023	EDWARD JONES			\$87	74.79
		Address of person from whom amount is received; City; State; Zip Code	•••••			
		MARYLAND HEIGHTS, MO 64043-3042				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to filer	
		Interest earned				
_	Date	Name of person from whom amount is received			Amount (\$)	
	11/24/2023	EDWARD JONES			` '	72.88
	11/24/2023				Φ11	12.00
		Address of person from whom amount is received; City; State; Zip Code				
		MARVI AND LIFICUITS MO CAGAS 2043				
		MARYLAND HEIGHTS, MO 64043-3042				
			olitic	cal cont	ribution returned to filer	
		Interest earned				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/24/2023	EDWARD JONES			\$5	59.45
		Address of person from whom amount is received; City; State; Zip Code			1	
		MARYLAND HEIGHTS, MO 64043-3042				
		Purpose for which amount is received	olitic	al cont	ribution returned to filer	
		Interest earned				

			1	Total p	ages Schedule K:	
	The Instru	ction Guide explains how to complete this form.			.0/14 Rpt: 81/85	
2	FILER NAME		3	Filer ID	(Ethics Commissi	on Filers)
	Hegar Jr., G	lenn A. (The Honorable)		00051	.286	
4	Date 11/24/2023	<ul> <li>Name of person from whom amount is received         EDWARD JONES     </li> <li>Address of person from whom amount is received; City; State; Zip Code</li> </ul>			8 Amount (\$)	\$504.11
		MARYLAND HEIGHTS, MO 64043-3042				
		7 Purpose for which amount is received	f politi	ical conti	ribution returned to fil	er
	Date 11/20/2023	Name of person from whom amount is received  EDWARD JONES  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$211.29
		MARYLAND HEIGHTS, MO 64043-3042				
		Purpose for which amount is received	f politi	ical contr	ribution returned to fil	er
	Date 11/28/2023	Name of person from whom amount is received  EDWARD JONES  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$806.85
		MARYLAND HEIGHTS, MO 64043-3042				
		Purpose for which amount is received	fpoliti	ical conti	ribution returned to fil	er
	Date 11/28/2023	Name of person from whom amount is received  EDWARD JONES  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$815.34
		MARYLAND HEIGHTS, MO 64043-3042				
		Purpose for which amount is received Check interest earned	f politi	ical conti	ribution returned to fil	er
	Date 11/30/2023	Name of person from whom amount is received  EDWARD JONES  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$65.75
		_	f politi	ical conti	ribution returned to fil	er
		Interest earned	POIIT	icai conti	пьинон текиттей ю П	<del>с</del> і

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 11/14 Rpt: 82/85
2	FILER NAME		3	Filer II	C (Ethics Commission Filers)
	Hegar Jr., G	enn A. (The Honorable)		00053	1286
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	12/04/2023	EDWARD JONES			\$821.92
		6 Address of person from whom amount is received: City; State: Zip Code			
		Address of person from whom amount is received, Gity, State, 21p Code			
		MARYLAND HEIGHTS, MO 64043-3042			
			olitio	ral cont	ribution returned to filer
		Interest earned	01111	oar oorn	industrictation to mor
_	_				1
	Date	Name of person from whom amount is received			Amount (\$)
	12/05/2023	EDWARD JONES			\$24.66
		Address of person from whom amount is received; City; State; Zip Code			
		MADV( AND UE(OUTO MO 0 40 40 00 40			
		MARYLAND HEIGHTS, MO 64043-3042			
			olitio	cal cont	ribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	12/13/2023	EDWARD JONES			\$879.45
		Address of person from whom amount is received; City; State; Zip Code			"]
		MARYLAND HEIGHTS, MO 64043-3042			
			olitio	cal cont	ribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	12/14/2023	EDWARD JONES			\$9,500.00
		Address of person from whom amount is received; City; State; Zip Code			1
		7 27 7 1			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received Check if p	olitio	cal cont	ribution returned to filer
		Interest earned			
_	Date	Name of person from whom amount is received			Amount (\$)
	12/14/2023	EDWARD JONES			\$9,600.00
		Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, City, State, Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		<u> </u>	olitic	cal cont	ribution returned to filer
		Interest earned			
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	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 12/14 Rpt: 83/85
2	FILER NAME		3	Filer	D (Ethics Commission Filers)
	Hegar Jr., G	lenn A. (The Honorable)		0005	1286
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	12/14/2023	EDWARD JONES			\$846.57
	,_ ,_ ,	6 Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, City, State, 21p Code			
		MARYLAND HEIGHTS, MO 64043-3042			
			rk if noliti	cal cor	I tribution returned to filer
		Interest earned	ok ii politi	cai coi	and to the
⊨					
	Date	Name of person from whom amount is received			Amount (\$)
	12/26/2023	EDWARD JONES			\$747.94
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		<u> </u>	ck if politi	cal cor	tribution returned to filer
		Interest earned			
	Date	Name of person from whom amount is received			Amount (\$)
	12/26/2023	EDWARD JONES			\$57.53
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received	ck if politi	cal cor	tribution returned to filer
		Interest earned			
F	Date	Name of person from whom amount is received			Amount (\$)
	12/28/2023	EDWARD JONES			\$9,000.00
		Address of person from whom amount is received; City; State; Zip Code			
		MARYLAND HEIGHTS, MO 64043-3042			
		Purpose for which amount is received Chec	ck if politi	cal cor	tribution returned to filer
		Interest earned			
F	Date	Name of parcen from whom amount is received			Amount (\$)
	12/28/2023	Name of person from whom amount is received  EDWARD JONES			Amount (\$) \$780.82
	12/20/2023				
		Address of person from whom amount is received; City; State; Zip Code			
1		MARYLAND HEIGHTS MO 64042 2042			
1		MARYLAND HEIGHTS, MO 64043-3042	al. (6 1111	!	Authorities and common to the CD
		_	ck if politi	cai cor	tribution returned to filer
$ldsymbol{f eta}$		Interest earned			
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	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: L3/14 Rpt: 84/85	
2	FILER NAME		3	Filer ID	) (Ethics Commiss	ion Filers)
	Hegar Jr., G	enn A. (The Honorable)		00051	286	
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)	
	12/28/2023	EDWARD JONES			(,,	\$789.04
		6 Address of person from whom amount is received: City; State: Zip Code			1	,
		• Address of person from whom amount is received, City, State, 2ip Code				
		MARYLAND HEIGHTS, MO 64043-3042				
			olitic	al cont	I ribution returned to f	iler
		Interest earned	Ontic	our oorn	industricum cu to i	
_					1	
	Date	Name of person from whom amount is received			Amount (\$)	<b>#07.04</b>
	12/29/2023	EDWARD JONES				\$67.94
		Address of person from whom amount is received; City; State; Zip Code				
		MADV( AND UE(OUTO MO 0 40 40 00 40				
		MARYLAND HEIGHTS, MO 64043-3042				
			olitic	al cont	ribution returned to f	iler
		Interest earned				
	Date	Name of person from whom amount is received			Amount (\$)	
	12/29/2023	EDWARD JONES				\$2,363.11
		Address of person from whom amount is received; City; State; Zip Code			1	
		MARYLAND HEIGHTS, MO 64043-3042				
		<del>-</del>	olitic	al cont	ribution returned to f	iler
		Dividend earned				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/24/2023	EDWARD JONES			\$	200,000.00
		Address of person from whom amount is received; City; State; Zip Code			1	
		MARYLAND HEIGHTS, MO 64043-3042				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to f	iler
		Redemption of Capital One Bank CD				
_	Date	Name of person from whom amount is received			Amount (\$)	
	12/14/2023	EDWARD JONES				200,000.00
		Address of person from whom amount is received; City; State; Zip Code			•	
		Address of person from whom amount is received, City, State, Zip Code				
		MARYLAND HEIGHTS, MO 64043-3042				
		<u> </u>	olitic	al cont	I ribution returned to f	iler
		Redemption of Wells Fargo Bank CD				
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### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 14/14 Rpt: 85/85 2 FILER NAME Filer ID (Ethics Commission Filers) Hegar Jr., Glenn A. (The Honorable) 00051286 8 Amount (\$) 5 Name of person from whom amount is received 12/14/2023 **EDWARD JONES** \$200,000.00 6 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042 Purpose for which amount is received Check if political contribution returned to filer Redemption of Charles Schwab Bank CD Name of person from whom amount is received Amount (\$) Date 12/28/2023 **EDWARD JONES** \$200,000.00 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042 Purpose for which amount is received Check if political contribution returned to filer Redemption of PNC Bank CD