

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00051286	2 Total pages filed: 85	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Glenn A.	MI 	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024
	NICKNAME	LAST Hegar	SUFFIX Jr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 815-A Brazos #389 Austin, TX 78701		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Dara G.	MI 	
	NICKNAME	LAST Hegar	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 815-A Brazos #389 Austin, TX 78701			
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 391-0720	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH		Month Day Year 12/31/2023
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Comptroller		12 OFFICE SOUGHT (if known)	

GO TO 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)	14 Filer ID (Ethics Commission Filers) 00051286
---	---

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.										
<table border="1" style="width:100%"> <tr> <td style="width:25%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	COMMITTEE TYPE	COMMITTEE NAME									
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
	<input type="checkbox"/> SPECIFIC										
COMMITTEE CAMPAIGN TREASURER NAME											
COMMITTEE CAMPAIGN TREASURER ADDRESS											

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 388,795.32
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,428.51
	4. TOTAL POLITICAL EXPENDITURES	\$ 193,785.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,284,226.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 The Honorable Glenn A. Hegar Jr.
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ Signature of officer administering
 _____ Printed name of officer administering
 _____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 85

18 FILER NAME Hegar Jr., Glenn A. (The Honorable)		19 Filer ID 00051286	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	386,069.02
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,726.30
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	171,654.31
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	16,000.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	2,800,000.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	6,131.46
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	882,171.22

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/27 Rpt: 4/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/26/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089136) Altria Group Inc. PAC	7 Amount of Contribution (\$) \$3,000.00
	6 Contributor address; City; State; Zip Code Washington, DC 20001	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00107300) American Airlines PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Washington, DC 20036	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anawaty, Kimberly	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78730	
Principal occupation / Job title (See Instructions) Commercial Landlord		Employer (See Instructions) Self Employed
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ancira Strategic Partners LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aus, Fred	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Senior Consultant		Employer (See Instructions) Strategic Partnerships

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/27 Rpt: 5/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Autry Public Affairs LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Bob <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76162	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) Schlotzsky's		Employer (See Instructions) Owner
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartel, Phillip <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Flexpoint Media
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartel, Phillip <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$1.04
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Flexpoint Media
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellina, James <hr/> Contributor address; City; State; Zip Code Waxhaw, NC 28173	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Rural Broadband Consulting, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/27 Rpt: 6/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Pewitt & Associates 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Don Contributor address; City; State; Zip Code Fort Worth, TX 76185	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Commercial Landlord		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolron, Jacqueline Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/27 Rpt: 7/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Steve <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Steve Bresnen & Assoc.
Date 12/26/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00354241</u>) CGI Technologies and Solutions Inc. PAC <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22030	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cammack & Strong, P. C. <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriage House Partners LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Daniel T. <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Moak Casey & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/27 Rpt: 8/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casselberry, Craig <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78732	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Quorum Public Affairs, Inc.
Date 12/26/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00397851</u>) Centene Corporation PAC <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63105	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00333534</u>) CenterPoint Energy, Inc. PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77210	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Chad <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Clark Construction Company
Date 11/28/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00248716</u>) Comcast Corporation & NBCUniversal PAC <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/27 Rpt: 9/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00585885) CovestroPAC A PAC of Covestro LLC <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15205	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Bobby D. (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Bobby Cox Companies Inc.
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culley, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dansby, Sherry <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBerry, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/27 Rpt: 10/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBerry, Dale <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBerry, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBerry, Dale <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Goodell Polan, PC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delinger, Patrick <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Flexpoint Media

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/27 Rpt: 11/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00211318) Deloitte Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20044	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drescher, Anne <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Vice Chair, Governmental Affairs		Employer (See Instructions) Cornerstone
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erben and Yarbrough <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairbanks, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Moontower Public Affairs
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenoglio, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/27 Rpt: 12/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, Trace <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Gateway Partners Government Affairs
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley & Lardner LLP Texas Campaign Fund <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gammon, Brenda <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goza, Tim <hr/> Contributor address; City; State; Zip Code Alvarado, TX 76009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Go Goza Original Sea Food Bar
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graeter, Brent Christopher <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) City of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/27 Rpt: 13/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Melodye <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Commercial Landlord		9 Employer (See Instructions) Self Employed
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groeger, Kathy <hr/> Contributor address; City; State; Zip Code Kansas City, MO 64118	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Custom Office Systems
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS LAW PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Barbara (Ms.) <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/27 Rpt: 14/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Alan K.	7 Amount of Contribution (\$) \$20,000.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76016	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Lenders & Members Services, Inc.
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hegar, Louis	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code Barstow, TX 79719	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self-employed
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliary, Dustin J.	Amount of Contribution (\$) \$12,500.00
	Contributor address; City; State; Zip Code Lawton, OK 73502	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Southern Plains Cable
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliary Jr., Edward E.	Amount of Contribution (\$) \$12,500.00
	Contributor address; City; State; Zip Code Elgin, OK 73538	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Medicine Park Telephone Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/27 Rpt: 15/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Bankers Association of Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ironsides, Anna <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Ancira Strategies PLLC <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Mary B. (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Paula <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/27 Rpt: 16/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keffer, James <hr/> 6 Contributor address; City; State; Zip Code Eastland, TX 76448	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Keffer Konsulting
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Britt <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Bobby Cox Communications
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liere, Cheryl <hr/> Contributor address; City; State; Zip Code Waller, TX 77484	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78760	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Blevins Rochelle & Townsend, P.C. <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/27 Rpt: 17/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord LLP <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luke, Charles <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76088	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Tarrant County Spiritual Care Network
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Glenn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Glenn Lynch Companies
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Ronald <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarah, Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Blackridge

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/27 Rpt: 18/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuire Woods Federal PAC Fund	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Richmond, VA 23219		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNulty, Patrick	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) South Padre Island
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Frances	Amount of Contribution (\$) \$5.21
Contributor address; City; State; Zip Code Dallas, TX 75229		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullen, Gregory (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Cranehill Capital LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/27 Rpt: 19/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 08/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullen, Gregory (Mr.)	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Dallas, TX 75225		
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Cranehill Capital LLC
Date 11/08/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00366559</u>) NRG Energy Inc PAC	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code Princeton, NJ 78540		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabers, Mary Scott	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) VP, Public Affairs		Employer (See Instructions) Strategic Partnerships, Inc.
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neighborhood Beer Garden and Bar PAC	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code Houston, TX 77042		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Jarrett	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Commercial Landlord		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/27 Rpt: 20/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Jo Betsy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) VP Public Affairs		9 Employer (See Instructions) Texas Mutual
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osterloh, Curtis (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Scott Douglass McConnico LLP
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacheco, Cynthia <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins & Mott, LLP <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79408	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Nolan <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Texas Digestive Specialists

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/27 Rpt: 21/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016683) Pfizer Inc PAC	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code New York, NY 10017	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Political Action Committee of The Independent Insurance Agents of Texas	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Post, Dani	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code Hempstead, TX 77445	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Public Blueprint LLC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivero, Hector L.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Chemical Council

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/27 Rpt: 22/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Oscar	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78705		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) TX Assn Broadcasters
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Lewis & Associates	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Cooperatives PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sala, Kay	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Conroe, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Douglass & McConnico LLP	Amount of Contribution (\$) \$7,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/27 Rpt: 23/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Brad <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Managing Associate		9 Employer (See Instructions) Texas Legislative Associates
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, William <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Commercial Landlord		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern Glazer's PAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78755	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Association Executive		Employer (See Instructions) Texas Charity Advocates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/27 Rpt: 24/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susser, Sam L. (Mr.)	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Dallas, TX 75220		
8 Principal occupation / Job title (See Instructions) Chairman and CEO		9 Employer (See Instructions) Susser Bank
Date 12/11/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00361758</u>) T-Mobile US Inc PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Washington, DC 20004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Agricultural Aviation Association (AG-AIR PAC)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Beverage Alliance of the Texas Package Stores Association PAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/27 Rpt: 25/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association PAC (DenPAC) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Impact, a CRH PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78726	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00007070) Texas Instruments Incorporated PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4775	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/27 Rpt: 26/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society Of Certified Public Accountants PAC <hr/> 6 Contributor address; City; State; Zip Code Addison, TX 75001	7 Amount of Contribution (\$) \$15,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Alan and Gay Erwin Trust <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00142711</u>) The Boeing Company PAC <hr/> Contributor address; City; State; Zip Code Arlington, VA 22202	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Chickasaw Nation <hr/> Contributor address; City; State; Zip Code Ada, OK 74820	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/27 Rpt: 27/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Posey Law Firm, PC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Trent	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Imperium Public Affairs
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Trent (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Imperium Public Affairs
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turrieta, Gilbert	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self Employed
Date 11/28/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00169821) Tyson Foods Inc. PAC (TYPAC)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Springdale, AR 72765		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE 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., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Udell, Bob <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380	7 Amount of Contribution (\$) \$51.01
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Consolidated Communications Inc
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Union Pacific Corporation Fund for Effective Government <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00226548) Vistra Employee PAC of Vistra Corp <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00093054) Walmart Inc PAC for Responsible Government <hr/> Contributor address; City; State; Zip Code Bentonville, AR 72716	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Jim <hr/> Contributor address; City; State; Zip Code HOCKLEY, TX 77447	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/27 Rpt: 29/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Jim <hr/> 6 Contributor address; City; State; Zip Code Hockley, TX 77447	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Managing Associate		9 Employer (See Instructions) Texas Legislative Associates
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whelan, Stephanie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, John C. (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Fort Bend County
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, John C. (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Fort Bend County
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/27 Rpt: 30/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Robert <hr/> 6 Contributor address; City; State; Zip Code Lockhart, TX 78644	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Cathey <hr/> Contributor address; City; State; Zip Code Buna, TX 77612	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Robert <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 31/85	
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	8 Amount of contribution (\$) \$1,948.30	9 In-kind contribution description Campaign reception
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriage House Partners LLC	Amount of contribution (\$) \$528.00	In-kind contribution description Food, beverage, and invitations for campaign fundraiser
	Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas REALTORS PAC (TREPAC)	Amount of contribution (\$) \$250.00	In-kind contribution description Advertising for campaign fundraising event
	Contributor address; City; State; Zip Code Austin, TX 78768	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/32 Rpt: 32/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 07/06/2023	5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service for campaign/officeholder purposes
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/03/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service for campaign/officeholder purposes
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/28/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service for campaign/officeholder purposes
	9 Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/32 Rpt: 33/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 10/04/2023	5 Payee name AT & T	
6 Amount (\$) \$79.28	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service for campaign/officeholder purposes
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/08/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service for campaign/officeholder purposes
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/04/2023	Payee name AT & T	
Amount (\$) \$167.40	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service for campaign/officeholder purposes
	9 Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/32 Rpt: 34/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/04/2023	5 Payee name AT & T	
6 Amount (\$) \$79.38	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service for campaign/officeholder purposes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2023	Payee name AT & T	
Amount (\$) \$161.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet for Austin office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2023	Payee name AT & T	
Amount (\$) \$161.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet for Austin office
Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/32 Rpt: 35/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 09/29/2023	5 Payee name AT & T	
6 Amount (\$) \$161.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet for Austin office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2023	Payee name AT & T	
Amount (\$) \$161.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet for Austin office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2023	Payee name AT & T	
Amount (\$) \$161.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet for Austin office
Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/32 Rpt: 36/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/28/2023	5 Payee name AT & T	
6 Amount (\$) \$161.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet for Austin office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2023	Payee name Atchley & Associates LLP	
Amount (\$) \$2,097.50	Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign accounting and compliance services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2023	Payee name Atchley & Associates LLP	
Amount (\$) \$442.50	Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign accounting and compliance services
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/32 Rpt: 37/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 07/01/2023	5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media consultant
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media consultant
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/32 Rpt: 38/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 10/01/2023	5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media consultant
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media consultant
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/32 Rpt: 39/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 07/01/2023	5 Payee name Buzard, Kim	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1606 Country Squire Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign administrative services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name Buzard, Kim	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1606 Country Squire Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign administrative services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2023	Payee name Buzard, Kim	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1606 Country Squire Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign administrative services
Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/32 Rpt: 40/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 10/01/2023	5 Payee name Buzard, Kim	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1606 Country Squire Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign administrative services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Buzard, Kim	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1606 Country Squire Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign administrative services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name Buzard, Kim	
Amount (\$) \$11,000.00	Payee address; City; State; Zip Code 1606 Country Squire Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign administrative services
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/32 Rpt: 41/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 07/17/2023	5 Payee name Consolidated Communications	
6 Amount (\$) \$153.68	7 Payee address; City; State; Zip Code PO Box 1568 Conroe, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phone/internet service
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/16/2023	Payee name Consolidated Communications	
Amount (\$) \$149.01	Payee address; City; State; Zip Code PO Box 1568 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phone/internet service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/15/2023	Payee name Consolidated Communications	
Amount (\$) \$149.01	Payee address; City; State; Zip Code PO Box 1568 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phone/internet service
	Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/32 Rpt: 42/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 10/18/2023	5 Payee name Consolidated Communications	
6 Amount (\$) \$152.72	7 Payee address; City; State; Zip Code PO Box 1568 Conroe, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phone/internet service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Consolidated Communications	
Amount (\$) \$153.26	Payee address; City; State; Zip Code PO Box 1568 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phone/internet service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2023	Payee name Consolidated Communications	
Amount (\$) \$153.54	Payee address; City; State; Zip Code PO Box 1568 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phone/internet service
Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/32 Rpt: 43/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/30/2023	5 Payee name DeBerry, Dale	
6 Amount (\$) \$68.06	7 Payee address; City; State; Zip Code 18700 Waltz Ct. Austin, TX 78738	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2023	Payee name FlexPoint Media	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code PO Box 1051 New Albany, OH 43054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name FlexPoint Media	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code PO Box 1051 New Albany, OH 43054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/32 Rpt: 44/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 10/01/2023	5 Payee name FlexPoint Media	
6 Amount (\$) \$4,513.66	7 Payee address; City; State; Zip Code PO Box 1051 New Albany, OH 43054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name FlexPoint Media	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code PO Box 1051 New Albany, OH 43054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name FlexPoint Media	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code PO Box 1051 New Albany, OH 43054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/32 Rpt: 45/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 07/24/2023	5 Payee name Fratelli Pizza Westlake	
6 Amount (\$) \$332.00	7 Payee address; City; State; Zip Code 3736 Bee Cave Road Suite 3 West Lake Hills, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin state office summer intern luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2023	Payee name Hardon Strategies	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name Hardon Strategies	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/32 Rpt: 46/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 09/01/2023	5 Payee name Hardon Strategies
-----------------------------	--

6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 6705 Alexandria, VA 22306
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/01/2023	Payee name Hardon Strategies
--------------------	---------------------------------

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/01/2023	Payee name Hardon Strategies
--------------------	---------------------------------

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
------------------------	--	--

Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/32 Rpt: 47/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/01/2023	5 Payee name Hardon Strategies	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 6705 Alexandria, VA 22306	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2023	Payee name Hegar, Glenn	
Amount (\$) \$2,078.97	Payee address; City; State; Zip Code PO Box 1568 Katy, TX 77942	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of Schedule G mileage expense on this report
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2023	Payee name Hegar, Glenn	
Amount (\$) \$1,368.95	Payee address; City; State; Zip Code PO Box 1568 Katy, TX 77942	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of Schedule G mileage expense on this report
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/32 Rpt: 48/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/20/2023	5 Payee name Hegar, Glenn	
6 Amount (\$) \$2,683.54	7 Payee address; City; State; Zip Code PO Box 1568 Katy, TX 77942	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of Schedule G mileage expense on this report
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2023	Payee name Hill Country Fellowship	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1783 Pfeiffer Road Fredricksburg, TX 78624	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2023	Payee name IDonate Pro	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1783 Pfeiffer Road Dallas, TX 75225	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/32 Rpt: 49/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 08/13/2023	5 Payee name IDonate Pro
-----------------------------	------------------------------------

6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1783 Pfeiffer Road Dallas, TX 75225
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database expense
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/13/2023	Payee name IDonate Pro
--------------------	---------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code 1783 Pfeiffer Road Dallas, TX 75225
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/13/2023	Payee name IDonate Pro
--------------------	---------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code 1783 Pfeiffer Road Dallas, TX 75225
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database expense
-------------------------------	---	---

Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/32 Rpt: 50/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 11/15/2023	5 Payee name IDonate Pro
-----------------------------	------------------------------------

6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1783 Pfeiffer Road Dallas, TX 75225
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database expense
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/15/2023	Payee name IDonate Pro
--------------------	---------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code 1783 Pfeiffer Road Dallas, TX 75225
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/01/2023	Payee name Johnson Strategies LLC
--------------------	--------------------------------------

Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management consulting
-------------------------------	---	--

Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/32 Rpt: 51/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 08/01/2023	5 Payee name Johnson Strategies LLC
-----------------------------	---

6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management consulting
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/01/2023	Payee name Johnson Strategies LLC
--------------------	--------------------------------------

Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management consulting
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/01/2023	Payee name Johnson Strategies LLC
--------------------	--------------------------------------

Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management consulting
-------------------------------	---	--

Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/32 Rpt: 52/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 11/01/2023	5 Payee name Johnson Strategies LLC
-----------------------------	---

6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management consulting
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/01/2023	Payee name Johnson Strategies LLC
--------------------	--------------------------------------

Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management consulting
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/27/2023	Payee name Katy Finance - US Post Office
--------------------	---

Amount (\$) \$11.15	Payee address; City; State; Zip Code 5701 Fourth St Katy, TX 77493
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
-------------------------------	---	--

Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/32 Rpt: 53/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 08/10/2023	5 Payee name Katy Finance - US Post Office	
6 Amount (\$) \$354.00	7 Payee address; City; State; Zip Code 5701 Fourth St Katy, TX 77493	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign PO Box rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2023	Payee name MailChimp	
Amount (\$) \$569.24	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 500 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2023	Payee name MailChimp	
Amount (\$) \$569.24	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 500 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email marketing
Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/32 Rpt: 54/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 09/27/2023	5 Payee name MailChimp	
6 Amount (\$) \$569.24	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 500 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email marketing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/27/2023	Payee name MailChimp	
Amount (\$) \$569.24	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 500 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email marketing
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/28/2023	Payee name MailChimp	
Amount (\$) \$569.24	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 500 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email marketing
	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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/32 Rpt: 55/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/28/2023	5 Payee name MailChimp	
6 Amount (\$) \$612.95	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 500 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2023	Payee name Pin Oak Plaza	
Amount (\$) \$698.00	Payee address; City; State; Zip Code 722 Pin Oak Katy, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name Pin Oak Plaza	
Amount (\$) \$698.00	Payee address; City; State; Zip Code 722 Pin Oak Katy, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office rent
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/32 Rpt: 56/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 09/01/2023	5 Payee name Pin Oak Plaza	
6 Amount (\$) \$698.00	7 Payee address; City; State; Zip Code 722 Pin Oak Katy, TX 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2023	Payee name Pin Oak Plaza	
Amount (\$) \$698.00	Payee address; City; State; Zip Code 722 Pin Oak Katy, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Pin Oak Plaza	
Amount (\$) \$698.00	Payee address; City; State; Zip Code 722 Pin Oak Katy, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office rent
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/32 Rpt: 57/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/01/2023	5 Payee name Pin Oak Plaza	
6 Amount (\$) \$698.00	7 Payee address; City; State; Zip Code 722 Pin Oak Katy, TX 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2023	Payee name Renaissance Dallas Hotel	
Amount (\$) \$218.83	Payee address; City; State; Zip Code 2222 Stemmons Fwy Dallas, TX 75207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2023	Payee name Republican Party of Texas	
Amount (\$) \$30,000.00	Payee address; City; State; Zip Code PO Box 1627 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention Sponsorship
Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

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 Manchester, NH 03102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Christmas cards
9 Complete ONLY if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank service fee
Complete ONLY if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for supporters
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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/32 Rpt: 59/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 09/11/2023	5 Payee name Texas Home School Coalition
-----------------------------	--

6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 6747 Lubbock, TX 79493
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Sponsorship
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/08/2023	Payee name UPS Store
--------------------	-------------------------

Amount (\$) \$312.00	Payee address; City; State; Zip Code 815-A Brazos St Austin, TX 78701
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign post office box renewal
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/25/2023	Payee name United States Post Office Richmond
--------------------	--

Amount (\$) \$10.45	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
-------------------------------	---	--

Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/32 Rpt: 60/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 08/08/2023	5 Payee name United States Post Office Richmond
-----------------------------	---

6 Amount (\$) \$17.10	7 Payee address; City; State; Zip Code 1385 FM 359 Richmond, TX 77406
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/24/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 09/05/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
------------------------	--	---

Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/32 Rpt: 61/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 09/20/2023	5 Payee name United States Post Office Richmond
-----------------------------	---

6 Amount (\$) \$12.20	7 Payee address; City; State; Zip Code 1385 FM 359 Richmond, TX 77406
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/04/2023	Payee name United States Post Office Richmond
--------------------	--

Amount (\$) \$12.20	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/05/2023	Payee name United States Post Office Richmond
--------------------	--

Amount (\$) \$11.45	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
------------------------	--	---

Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/32 Rpt: 62/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/20/2023	5 Payee name United States Post Office Richmond	
6 Amount (\$) \$6.25	7 Payee address; City; State; Zip Code 1385 FM 359 Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name United States Post Office Richmond	
Amount (\$) \$11.45	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name United States Post Office Richmond	
Amount (\$) \$22.80	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
Complete <u>ONLY</u> 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
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/32 Rpt: 63/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 Date 12/29/2023	5 Payee name United States Post Office Richmond
-----------------------------	---

6 Amount (\$) \$19.10	7 Payee address; City; State; Zip Code 1385 FM 359 Richmond, TX 77406
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/14/2023	Payee name Westin Irving Convention Center
--------------------	---

Amount (\$) \$217.35	Payee address; City; State; Zip Code 400 West Las Colinas Blvd Irving, TX 75039
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for campaign event
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 1/3 Rpt: 64/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 12/31/2023	6 Payee name Bryan, Chris
-----------------------------	-------------------------------------

7 Amount (\$) \$2,000.00	8 Payee address; City; State; Zip Code 7601 Jester Blvd Austin, TX 78750
------------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media consultant
----------------------------------	---	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/31/2023	Payee name Buzard, Kim
--------------------	---------------------------

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1606 Country Squire Richmond, TX 77406
---------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign administrative services
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 2/3 Rpt: 65/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	-----------

5 Date 12/31/2023	6 Payee name FlexPoint Media
-----------------------------	--

7 Amount (\$) \$7,500.00	8 Payee address; City; State; Zip Code PO Box 1051 New Albany, OH 43054
------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
----------------------------------	---	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/31/2023	Payee name Hardon Strategies
--------------------	---------------------------------

Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PO Box 6705 Alexandria, VA 22306
---------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign digital media consultant
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 3/3 Rpt: 66/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 12/31/2023	6 Payee name Johnson Strategies LLC
-----------------------------	---

7 Amount (\$) \$3,500.00	8 Payee address; City; State; Zip Code 4612 Dusik Lane Austin, TX 78746
------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management consulting
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule F3: Sch: 1/4 Rpt: 67/85</p>
<p>2 FILER NAME Hegar Jr., Glenn A. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00051286</p>
<p>4 Date 07/05/2023</p>	<p>5 Name of person from whom investment is purchased EDWARD JONES</p>	
	<p>6 Address of person from whom investment is purchased; City; State; Zip Code 201 PROGRESS PKWY ST LOUIS, MO 63043</p>	
	<p>7 Description of investment Purchase of Morgan Stanley Bank CD</p>	
	<p>8 Amount of investment (\$) 200,000.00</p>	
<p>Date 07/06/2023</p>	<p>Name of person from whom investment is purchased EDWARD JONES</p>	
	<p>Address of person from whom investment is purchased; City; State; Zip Code 201 PROGRESS PKWY ST LOUIS, MO 63043</p>	
	<p>Description of investment Purchase of Discover Bank CD</p>	
	<p>Amount of investment (\$) 200,000.00</p>	
<p>Date 07/13/2023</p>	<p>Name of person from whom investment is purchased EDWARD JONES</p>	
	<p>Address of person from whom investment is purchased; City; State; Zip Code 201 PROGRESS PKWY ST LOUIS, MO 63043</p>	
	<p>Description of investment Purchase of CIBC Bank CD</p>	
	<p>Amount of investment (\$) 200,000.00</p>	
<p>Date 07/14/2023</p>	<p>Name of person from whom investment is purchased EDWARD JONES</p>	
	<p>Address of person from whom investment is purchased; City; State; Zip Code 201 PROGRESS PKWY ST LOUIS, MO 63043</p>	
	<p>Description of investment Purchase of First Farmers Bank CD</p>	
	<p>Amount of investment (\$) 200,000.00</p>	

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 3/4 Rpt: 69/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 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; State; Zip Code 201 PROGRESS PKWY 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 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 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; State; Zip Code 201 PROGRESS PKWY ST LOUIS, MO 63043	
	Description of investment Purchase of Park State Bank CD	
	Amount of investment (\$) 200,000.00	

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 4/4 Rpt: 70/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 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; State; Zip Code 201 PROGRESS PKWY ST LOUIS, MO 63043	
	7 Description of investment Purchase of Hometrust Bank CD	
	8 Amount of investment (\$) 200,000.00	
Date 10/18/2023	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 Northway Bank CD	
	Amount of investment (\$) 200,000.00	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 71/85	2 FILER NAME Hegar Jr., Glenn A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051286			
4 Date 09/11/2023	5 Payee name Hegar, Glenn				
6 Amount (\$) \$2,078.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 1568 Katy, TX 77942				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage Reimbursement (3174 miles x .655 (state rate) = 2078.97)			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 09/27/2023	Payee name Hegar, Glenn				
Amount (\$) \$1,368.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 1568 Katy, TX 77942				
9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage Reimbursement (2090 miles x .655 (state rate) = 1368.95)			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 12/20/2023	Payee name Hegar, Glenn				
Amount (\$) \$2,683.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 1568 Katy, TX 77942				
10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage Reimbursement (4097 miles x .655 (state rate) = 2683.54)			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/14 Rpt: 72/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 07/03/2023	5 Name of person from whom amount is received EDWARD JONES	8 Amount (\$) \$821.92
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 Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 07/05/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$24.66
Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042		
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 07/24/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$747.94
Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042		
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 07/24/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$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 Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 07/28/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$780.82
Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042		
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/14 Rpt: 73/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 07/28/2023	5 Name of person from whom amount is received EDWARD JONES <hr/> 6 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	8 Amount (\$) \$789.04
7 Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 07/20/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$4,509.48
Purpose for which amount is received Dividend earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 07/31/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$67.94
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 08/03/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$849.31
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 08/07/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$25.48
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/14 Rpt: 74/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 08/14/2023	5 Name of person from whom amount is received EDWARD JONES <hr/> 6 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	8 Amount (\$) \$874.79
	7 Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/23/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$772.88
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/23/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$59.45
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/21/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$4,085.47
	Purpose for which amount is received Dividend earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/28/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$806.85
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 4/14 Rpt: 75/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 08/28/2023	5 Name of person from whom amount is received EDWARD JONES	8 Amount (\$) \$815.34
	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 Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$67.94
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/01/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$4,889.86
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/05/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$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 Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/05/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$25.48
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 5/14 Rpt: 76/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 09/14/2023	5 Name of person from whom amount is received EDWARD JONES	8 Amount (\$) \$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 Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/25/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$772.88
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/25/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$59.45
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/28/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$806.85
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/28/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$815.34
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 6/14 Rpt: 77/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 09/20/2023	5 Name of person from whom amount is received EDWARD JONES <hr/> 6 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	8 Amount (\$) \$3,973.96
	7 Purpose for which amount is received Dividend earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/02/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$65.75
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/03/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$821.92
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/05/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$24.66
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/13/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$2,256.16
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 7/14 Rpt: 78/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 10/13/2023	5 Name of person from whom amount is received EDWARD JONES <hr/> 6 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	8 Amount (\$) \$1,303.56
	7 Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/16/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$846.57
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/23/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$747.94
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/23/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$57.53
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/20/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$2,858.97
	Purpose for which amount is received Dividend earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 8/14 Rpt: 79/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 10/30/2023	5 Name of person from whom amount is received EDWARD JONES <hr/> 6 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	8 Amount (\$) \$780.82
7 Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/30/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$789.04
Purpose for which amount is received Interest earned		<input type="checkbox"/> Check if political contribution returned to filer
Date 10/30/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$952.60
Purpose for which amount is received Interest earned		<input type="checkbox"/> Check if political contribution returned to filer
Date 10/31/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$67.94
Purpose for which amount is received Interest earned		<input type="checkbox"/> Check if political contribution returned to filer
Date 11/03/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$849.31
Purpose for which amount is received Interest earned		<input type="checkbox"/> Check if political contribution returned to filer

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 9/14 Rpt: 80/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/06/2023	5 Name of person from whom amount is received EDWARD JONES	8 Amount (\$) \$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 Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/13/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$908.77
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/14/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$874.79
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/24/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$772.88
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/24/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$59.45
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 10/14 Rpt: 81/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 11/24/2023	5 Name of person from whom amount is received EDWARD JONES	8 Amount (\$) \$504.11
	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 Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/20/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$211.29
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Dividend earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/28/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$806.85
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/28/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$815.34
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$65.75
	Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 11/14 Rpt: 82/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/04/2023	5 Name of person from whom amount is received EDWARD JONES <hr/> 6 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	8 Amount (\$) \$821.92
	7 Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/05/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$24.66
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/13/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$879.45
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/14/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$9,500.00
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/14/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$9,600.00
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 12/14 Rpt: 83/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/14/2023	5 Name of person from whom amount is received EDWARD JONES <hr/> 6 Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	8 Amount (\$) \$846.57
7 Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/26/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$747.94
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/26/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$57.53
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/28/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$9,000.00
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/28/2023	Name of person from whom amount is received EDWARD JONES <hr/> Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042	Amount (\$) \$780.82
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 13/14 Rpt: 84/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/28/2023	5 Name of person from whom amount is received EDWARD JONES	8 Amount (\$) \$789.04
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 Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/29/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$67.94
Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042		
Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/29/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$2,363.11
Address of person from whom amount is received; City; State; Zip Code MARYLAND HEIGHTS, MO 64043-3042		
Purpose for which amount is received Dividend earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 11/24/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$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 Redemption of Capital One Bank CD <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/14/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$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 Redemption of Wells Fargo Bank CD <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 14/14 Rpt: 85/85
2 FILER NAME Hegar Jr., Glenn A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051286
4 Date 12/14/2023	5 Name of person from whom amount is received EDWARD JONES	8 Amount (\$) \$200,000.00
	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 Redemption of Charles Schwab Bank CD <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/28/2023	Name of person from whom amount is received EDWARD JONES	Amount (\$) \$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 Redemption of PNC Bank CD <input type="checkbox"/> Check if political contribution returned to filer	