## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	nplete this form.	1 Filer ID (Ethics Commi 00051940	,	2 Total page	s filed: 15
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
	Mr.	Joseph W.				
NAME					Date Received	
					ELECTRON	ICALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Roberts				
4 CANDIDATE /			F\/.	ZIP CODE	Date Hand-deliver	ed or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	NPT / SUITE #; CIT	ΙΫ́,	ZIP CODE	Date Hand-deliver	ed of Date i Ostinarked
MAILING	2235 Homeway Cir.				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Dallas, TX 75228				Date Processed	
					Date Processed	
					Data Imaged	
					Date Imaged	
5 CAMPAIGN	MS/MRS/MR	FIRST		MI		
TREASURER				IVII		
NAME		Maria				
	NICKNAME	LAST		SUFFIX		
		Diaz				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP <sup>-</sup>	T / SUITE #; CITY;	:	STATE; ZIP CODE
TREASURER	15675 Hickory Dr.					
ADDRESS						
(Residence or Business)						
	Lindale, TX 75771					
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(214) 676-9671					
8 REPORT TYPE	January 15	30th day befor		Runoff		r compaign troccuror
				Ruiloli		r campaign treasurer (officeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (	(Attach C/OH-FR)
				reporting limit	4	
9 PERIOD	Month Day Ye	ər		Month Day	Year	
COVERED	01/01/2024		HROUGH	06/30/2024		
	01/01/2024			00/00/202	Ţ	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Ye		Primary		Other	
	11/05/2024		linary	Kulloli		
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	None			State Representa		.00
				· ·		
		GO <sup>-</sup>	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	S	Ve	rsion V4.1.0.d378aba0

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 15

13 C / OH NAME	Roberts, Joseph W. (	Mr.)	· · · · · ·	Ethics Commission Filers)
			00051940	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without th officeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS	)	<b>\$</b> 1,010.58
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 381.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 1,273.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mr. Jo	seph W. Roberts	
		Signature of	Candidate or Officehold	der
AFFIX NOT	TARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	ribed before me, by the sa	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.	-	
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us	V	/ersion V4.1.0.d378aba0

SUBTOTALS - C/OH		FORM C/OH
	CC	OVER SHEET PG 3
		3 of 15
18 FILER NAME Roberts, Joseph W. (Mr.)	19 Filer ID 00051940	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,010.58
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 381.36
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/15
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	seph W. (Mr.)		00051940
4 Date 03/25/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>Amelang, Andrew</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7 Amount of Contribution (\$) \$47.70
	Brenham, TX 77833		
8 Principal occu Executive Di	upation / Job title (See Instructions) irector	9 Employer (See Instructions LPTexas	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/18/2024	Amelang, Andrew	/	\$95.70
0-1, 10, 202 .			
	Contributor address; City; State; Zip Code		
	Brenham, TX 77833		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Executive Di		LPTexas	<i>'</i>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/25/2024	Amelang, Andrew		\$47.70
	Contributor address; City; State; Zip Code		
	Brenham, TX 77833		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Executive Di	irector	LPTexas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/19/2024	Amelang, Andrew	\$95.70	
	Contributor address; City; State; Zip Code		
	Brenham, TX 77833		
Executive Di	upation / Job title (See Instructions) irector	Employer (See Instructions LPTexas	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/19/2024	Amelang, Andrew		\$95.70
	Contributor address; City; State; Zip Code		
	Brenham, TX 77833		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	»)
Executive Di	irector	LPTexas	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/15	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Roberts, Jose	eph W. (Mr.)		00051940	
1 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
04/15/2024	Beerwinkle, Marshall			\$47.70
	6 Contributor address; City; State; Zip Code		1	
	Dallas, TX 75218			
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/29/2024	Diaz, Maria			\$95.70
	Contributor address; City; State; Zip Code			
	Lindola TV 75771			
I	Lindale, TX 75771	Employer (Soo Instructions		
	· - +! - · - / ] - h +!+! - (C In-++	Employer (See Instructions	5)	
	pation / Job title (See Instructions)	Microsoft		
Reliability En	gineer	Microsoft	1	
Reliability En Date	gineer Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	<b>*</b> 47 70
Reliability En	gineer Full name of contributor out-of-state PAC (ID#:_ Klass, Ed		Amount of Contribution (\$)	\$47.70
Reliability En Date	gineer Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$47.70
Reliability En Date	gineer Full name of contributor out-of-state PAC (ID#:_ Klass, Ed		Amount of Contribution (\$)	\$47.70
Reliability En Date	gineer Full name of contributor out-of-state PAC (ID#:_ Klass, Ed Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$47.70
Reliability En Date 03/26/2024	gineer Full name of contributor out-of-state PAC (ID#:_ Klass, Ed Contributor address; City; State; Zip Code Allen, TX 75002	)		\$47.70
Reliability En Date 03/26/2024	gineer Full name of contributor out-of-state PAC (ID#:_ Klass, Ed Contributor address; City; State; Zip Code Allen, TX 75002 Dation / Job title (See Instructions)	Employer (See Instructions		\$47.70
Reliability En Date 03/26/2024 Principal occup MetaConsulta	gineer  Full name of contributor out-of-state PAC (ID#:_ Klass, Ed  Contributor address; City; State; Zip Code  Allen, TX 75002 Dation / Job title (See Instructions) ant	Employer (See Instructions	s)	\$47.70
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Dation / Job title (See Instructions)         ant       out-of-state PAC (ID#:_	Employer (See Instructions		
Reliability En Date 03/26/2024 Principal occup MetaConsulta	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         bation / Job title (See Instructions)       ant         Full name of contributor       out-of-state PAC (ID#:_         Krolick, Andrea       Out-of-state PAC (ID#:_	Employer (See Instructions	s)	\$47.70
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date	gineer  Full name of contributor out-of-state PAC (ID#:_Klass, Ed  Contributor address; City; State; Zip Code  Allen, TX 75002  Dation / Job title (See Instructions) ant  Full name of contributor out-of-state PAC (ID#:_Krolick, Andrea	Employer (See Instructions	s)	
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         bation / Job title (See Instructions)       ant         Full name of contributor       out-of-state PAC (ID#:_         Krolick, Andrea       Out-of-state PAC (ID#:_	Employer (See Instructions	s)	
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         bation / Job title (See Instructions)       ant         Full name of contributor       out-of-state PAC (ID#:_         Krolick, Andrea       Out-of-state PAC (ID#:_	Employer (See Instructions	s)	
Reliability En Date 03/26/2024 Principal occur MetaConsulta Date 05/01/2024	gineer         Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         bation / Job title (See Instructions)       ant         Full name of contributor       out-of-state PAC (ID#:_         Krolick, Andrea       Contributor address; City; State; Zip Code	Employer (See Instructions	S) Amount of Contribution (\$)	
Reliability En Date 03/26/2024 Principal occur MetaConsulta Date 05/01/2024	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         bation / Job title (See Instructions)       ant         Full name of contributor       out-of-state PAC (ID#:_         Krolick, Andrea       Contributor address; City; State; Zip Code         Dallas, TX 75248       bation / Job title (See Instructions)	Employer (See Instructions Sage	s) Amount of Contribution (\$)	
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date 05/01/2024 Principal occup	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         bation / Job title (See Instructions)       ant         Full name of contributor       out-of-state PAC (ID#:_         Krolick, Andrea       Contributor address; City; State; Zip Code         Dallas, TX 75248       bation / Job title (See Instructions)	Employer (See Instructions Sage ) Employer (See Instructions Andrea Krolick Custom	s) Amount of Contribution (\$)	
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date 05/01/2024 Principal occup interior design	gineer  Full name of contributorout-of-state PAC (ID#:Klass, Ed  Contributor address; City; State; Zip Code  Allen, TX 75002  Dation / Job title (See Instructions) ant  Full name of contributorout-of-state PAC (ID#:Krolick, Andrea  Contributor address; City; State; Zip Code  Dallas, TX 75248  Dation / Job title (See Instructions) n	Employer (See Instructions Sage ) Employer (See Instructions Andrea Krolick Custom	s) Amount of Contribution (\$) s) Interiors	
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date 05/01/2024 Principal occup interior design	gineer         Full name of contributor       out-of-state PAC (ID#:_ Klass, Ed         Contributor address; City; State; Zip Code         Allen, TX 75002         bation / Job title (See Instructions)         ant         Full name of contributor       out-of-state PAC (ID#:_ Krolick, Andrea         Contributor address; City; State; Zip Code         Dallas, TX 75248         bation / Job title (See Instructions)         n         Full name of contributor         Image: Dallas, TX 75248         bation / Job title (See Instructions)         n         Full name of contributor         Image: Dallas, TX 75248         bation / Job title (See Instructions)         n	Employer (See Instructions Sage ) Employer (See Instructions Andrea Krolick Custom	s) Amount of Contribution (\$) s) Interiors	\$47.70
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date 05/01/2024 Principal occup interior design	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         pation / Job title (See Instructions)       out-of-state PAC (ID#:_         Krolick, Andrea       out-of-state; Zip Code         Dallas, TX 75248       Dallas, TX 75248         pation / Job title (See Instructions)       n         Full name of contributor       out-of-state PAC (ID#:_         Lozano, Frank       out-of-state PAC (ID#:_	Employer (See Instructions Sage ) Employer (See Instructions Andrea Krolick Custom	s) Amount of Contribution (\$) s) Interiors	\$47.70
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date 05/01/2024 Principal occup interior design	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         pation / Job title (See Instructions)       out-of-state PAC (ID#:_         Krolick, Andrea       out-of-state; Zip Code         Dallas, TX 75248       Dallas, TX 75248         pation / Job title (See Instructions)       n         Full name of contributor       out-of-state PAC (ID#:_         Lozano, Frank       out-of-state PAC (ID#:_	Employer (See Instructions Sage ) Employer (See Instructions Andrea Krolick Custom	s) Amount of Contribution (\$) s) Interiors	\$47.70
Reliability En Date 03/26/2024 Principal occup MetaConsulta Date 05/01/2024 Principal occup interior design	gineer          Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         pation / Job title (See Instructions)       out-of-state PAC (ID#:_         Krolick, Andrea       out-of-state; Zip Code         Dallas, TX 75248       Dallas, TX 75248         pation / Job title (See Instructions)       n         Full name of contributor       out-of-state PAC (ID#:_         Lozano, Frank       out-of-state PAC (ID#:_	Employer (See Instructions Sage ) Employer (See Instructions Andrea Krolick Custom	s) Amount of Contribution (\$) s) Interiors	\$47.70
Reliability En Date 03/26/2024 Principal occur MetaConsulta Date 05/01/2024 Principal occur interior desig Date 03/23/2024	gineer         Full name of contributor       out-of-state PAC (ID#:_         Klass, Ed       Contributor address; City; State; Zip Code         Allen, TX 75002       Allen, TX 75002         bation / Job title (See Instructions)       out-of-state PAC (ID#:_         Krolick, Andrea       out-of-state; Zip Code         Dallas, TX 75248       Dallas, TX 75248         bation / Job title (See Instructions)       out-of-state PAC (ID#:_         Lozano, Frank       Contributor address; City; State; Zip Code	Employer (See Instructions Sage ) Employer (See Instructions Andrea Krolick Custom	s) Amount of Contribution (\$) s) Interiors Amount of Contribution (\$) .	\$47.70

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/15	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Roberts, Jos	seph W. (Mr.)			00051940	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/15/2024	Martens, Kenny				\$90.90
		6 Contributor address; City; State; Zip Code		1		
Ļ		Grand Prairie, TX 75052				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Software dev	- -	prudential financial			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/27/2024	Palmer, Mary				\$8.22
		Contributor address; City; State; Zip Code				
		Formare Branch TV 75234				
$\vdash$	Dringingl occu	Farmers Branch, TX 75234	Employer (See Instructions	<u> </u>		
	Life Coach	pation / Job title (See Instructions)	self-employed	5)		
╞				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>40.00</b>
	04/27/2024					\$8.22
		Contributor address; City; State; Zip Code				
		Farmers Branch, TX 75234				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Life Coach		self-employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/27/2024	Palmer, Mary	/			\$8.22
		Contributor address; City; State; Zip Code				
		Farmers Branch, TX 75234				
	Principal occupation / Job title (See Instructions) Employer (See Instruction			5)		
	Life Coach		self-employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/27/2024	Palmer, Mary				\$8.22
		Contributor address; City; State; Zip Code		1		
		Farmers Branch, TX 75234				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Life Coach		self-employed			

The Instruction	n Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/15	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
Roberts, Joseph V	<i>N</i> . (Mr.)			00051940	
4 Date 5 Fu	ull name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
05/29/2024 R	Ruder, Judith				\$47.70
6 C	contributor address; City; State; Zip Code		1		
	ustin, TX 78753		Ĺ		
	n / Job title (See Instructions)	9 Employer (See Instructions self	5)		
producer					
	ull name of contributor out-of-state PAC (ID#:	)	-	Amount of Contribution (\$)	÷ : = = = 0
	anner, Eric				\$47.70
C	contributor address; City; State; Zip Code				
	Spring, TX 77386				
	n / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
teacher		Conroe ISD	5)		
	ull name of contributor Out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	ull name of contributor out-of-state PAC (ID#: Vallace, Matthew	)	'	Amount of Contribution (\$)	\$18.90
					Φ10.90
	contributor address; City; State; Zip Code				
R	Rockport, TX 78382				
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions	s)		
Engineer		Pinnacle Group			
Date Fi	ull name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
04/22/2024 W	Vallace, Matthew				\$18.90
C	contributor address; City; State; Zip Code		1		
R	Rockport, TX 78382				
	n / Job title (See Instructions)	Employer (See Instructions	s)		
Engineer		Pinnacle Group			
	ull name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
05/22/2024 W	Vallace, Matthew				\$18.90
C	Contributor address; City; State; Zip Code				
	Rockport, TX 78382		Ļ		
	n / Job title (See Instructions)	Employer (See Instructions	5)		
Engineer		Pinnacle Group			

The Instruction Guide explains how to complete this form.						Total pages Schedule A1: Sch: 5/5 Rpt: 8/15	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
	Roberts, Jos	seph W. (Mr.)				00051940	
4	Date	5 Full name of contributor Out-of-state PAG	AC (ID#:	)	7	Amount of Contribution (\$)	
	06/22/2024	Wallace, Matthew					\$18.90
		6 Contributor address; City; State; Zip Code					
		Rockport, TX 78382					
8							
0	Engineer			Pinnacle Group	9		
_			2 (10 #)			Amount of Contribution (\$)	
	Date 06/25/2024	Full name of contributor out-of-state PA	<c (id#:<="" td=""><td>)</td><td></td><td>Amount of Contribution (\$)</td><td>\$18.90</td></c>	)		Amount of Contribution (\$)	\$18.90
	00/23/2024						ΦT0'90
		Contributor address; City; State; Zip Code					
		Rockport, TX 78382					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions			
	Engineer			Pinnacle Group			
	Date	Full name of contributor Out-of-state PAG	AC (ID#:	)		Amount of Contribution (\$)	
	03/25/2024	Wilford, John			\$18.90		
		Contributor address; City; State; Zip Code					
		TX, TX 75057					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	engineer			Prime Controls			
	Date	Full name of contributor out-of-state PAG	\C (ID#:	)		Amount of Contribution (\$)	
	04/25/2024	Wilford, John					\$18.90
		Contributor address; City; State; Zip Code					
		TX, TX 75057					
⊢	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	) ;)		
	engineer			Prime Controls			
⊨	Date	Full name of contributor Out-of-state PAG	AC (ID#:	)		Amount of Contribution (\$)	
	05/25/2024	Wilford, John				· · · · · · · · · · · · · · · · · · ·	\$18.90
		Contributor address; City; State; Zip Code					
		TX, TX 75057					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	engineer			Prime Controls			

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>B</b> Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 9/15	Roberts, Joseph W. (Mr.)	00051940
4	Date 04/12/2024	5 Payee name Dairy Queen	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.86	311 N Jefferson St La Grange, TX 78945	
0	DUDDOSE	-	
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense ated
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/19/2024	FedEx Office	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.20	18661 Lyndon B Johnson Fwy	
	\$1.20	Ste. 200	
		Mesquite, TX 75150	
	PURPOSE OF EXPENDITURE		ıtside of Texas. Complete Schedule T. IX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/19/2024	FedEx Office	
	Amount (\$) \$27.97	Payee address; City; State; Zip Code 18661 Lyndon B Johnson Fwy Ste. 200 Mesquite, TX 75150	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE CATEGO	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 10/15		Roberts, Joseph W. (Mr.)				00051940
4	Date 04/13/2024		Payee name Frida's Mexican Restaurant				
6	Amount (\$) \$16.72		Payee address; City; State 414 Starr St Corpus Christi, TX 78401	; Zip Co	de		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense ed
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	04/15/2024		Golden Chick				
	Amount (\$) \$11.56		4525 Gus Thomasson Rd	; Zip Co	de		
	PURPOSE OF EXPENDITURE	(a)	Mesquite, TX 75150 Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense ed
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name 0	Office sou	ght		Office held
	Date		Payee name				
	01/31/2024		HomeBank Texas				
	Amount (\$) \$10.00		Payee address; City; State 3637 N. Buckner Boulevard	; Zip Co	de		
			Dallas, TX 75228				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	edule)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght		Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 3/7 Rpt: 11/15	Roberts, Joseph W. (Mr.)	00051940							
4	Date 02/29/2024	5 Payee name HomeBank Texas								
6	Amount (\$) \$10.00									
8	8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       EXPENDITURE       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Bank fee									
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name								
06/12/2024 Hotels.com										
	Amount (\$)       Payee address;       City;       State;       Zip Code         \$121.64       5400 Lyndon B Johnson Fwy, Unit 500         Dallas, TX 75240									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense or nominating convention lodging							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/13/2024	Nueces Brewing Co.								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$21.25     401 S Water St     401 S Water St									
		Corpus Christi, TX 78401								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense lated							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					head/Rental Expense ense bense ages/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense		
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME		3	Filer ID	(Ethics Commission Filers)				
	Sch: 4/7 Rpt: 12/15	F	Roberts, Joseph W. (Mr.)					00051940			
4	Date	5 F	Payee name								
	04/15/2024		QT								
6	Amount (\$)	7 F	7 Payee address; City; State; Zip Code								
	\$9.66	742 NW Loop 410, Unit 102									
	San Antonio, TX 78216										
8	PURPOSE	<u> </u>	Category (See Categories listed a			(b) Description					
	OF		Travel Out of District	t the top of this sche	edule)		outsi	ide of Texas. Comple	ete Schedule T.		
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living e	xpense		
						gasoline					
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date	F	Payee name								
04/14/2024 QT											
	Amount (\$)	F	Payee address; City;	State;	Zip Co	le					
	\$47.30 2978 FM2484										
		5	Salado, TX 76571								
	PURPOSE OF	(a) (	Category (See Categories listed a	t the top of this sche	edule)	(b) Description					
	EXPENDITURE	ר	ravel Out of District				tside of Texas. Complete Schedule T. X, officeholder living expense				
						fuel	I, IA,				
	Complete ONLY if direct	L Cá	andidate/Officeholder name	C	Diffice soug	ht		Office held	t t		
	expenditure to benefit C/OI	Н									
-	Date	F	Payee name								
	04/14/2024		QT								
	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$3.21		2978 FM 2484	1							
		5	Salado, TX 76571								
	PURPOSE OF		Category (See Categories listed a	t the top of this sche	edule)	(b) Description					
	EXPENDITURE	F	Food/Beverage Expense					ide of Texas. Comple , officeholder living e			
									лронас		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held	1		
	-										

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						e	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	2 FILER NAME						Filer	ID	(Ethics Commission Filers)
	Sch: 5/7 Rpt: 13/15		Roberts, Joseph W. (Mr.) 00051940								
4	Date	5	Payee name	)							
	04/12/2024		Rudy's Country Store								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$23.54		2510 Circle Rd								
		Waco, TX 78706									
8	PURPOSE	(a)	Category (	See Categories lis	ted at the top of this sch	iedule)	(b) Description				
	OF EXPENDITURE			rage Expen							plete Schedule T.
										older living	expense
							Conventio	n-rei	aleu		
9	Ocmplete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held										
_	Date	Г	Payee name								
	04/14/2024		Stripes	<u>,</u>							
	Amount (\$)				Sidle	, zip co	ue				
	\$4.32 301 lh 37 Access										
			Corpus Ch	risti, TX 784	-01						
	PURPOSE OF	(a)	Category (	See Categories lis	ted at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Food/Beve	rage Expen	se		Check if tra				plete Schedule T.
							conventio			older living	expense
							convention	i i cic	licu		
	Complete ONLY if direct		Candidate/Of	ficeholder na	ne (	Office sou	aht			Office he	eld
	expenditure to benefit C/OI						<u>, , , , , , , , , , , , , , , , , , , </u>				
	Date		Payee name	<u>)</u>							
	04/13/2024		Stripes								
	Amount (\$)	$\vdash$	Payee addre	ess; City;	State	; Zip Co	de				
	\$7.78		301 lh 37 /	•		, 1					
			Corpus Ch	risti, TX 784	01						
	PURPOSE OF	(a)			ted at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Food/Beve	rage Expen	se						plete Schedule T.
							Check if A			oluer living	exhellog
							Somenuo		acu		
	Complete ONLY if direct		Candidate/Of	ficeholder na	ne (	Office sou	ght		(	Office he	eld
expenditure to benefit C/OH											
-											

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           / -         Gift/Awards/Memorials Expense         Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/7 Rpt: 14/15		Roberts, Joseph W. (Mr.) 00051940									
4	Date	5 Payee name										
	04/16/2024		Twitter Paid Features									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$8.64		Market Square, 1355 Market St suite 900									
		San Francisco, CA 94103										
8	PURPOSE	(a)	Category (See	e Categories listed at the	e top of this sch	edule)	(b) [	Description				
	OF EXPENDITURE		Advertising E				Į			de of Texas. Comp		
							Ļ	Check if Austin, Twitter accou		officeholder living	expense	
								i willer accou	m			
_			Condidate (Offic							Office he	14	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	enolder name	Ĺ	Office souç	ynt			Office he	iu	
	Date		Payee name									
	05/16/2024		Twitter Paid Features									
Amount (\$) Payee address; City; State; Zip Code												
\$8.64 Market Square, 1355 Market St suite 900												
			San Franciso	co, TX 94103								
	PURPOSE	(a)	Category (See	e Categories listed at the	e top of this sch	iedule)	(b) [	Description				
OF Advertising Expense							Į	Check if travel outside of Texas. Complete Schedule T.				
							Ļ	<b>_</b>		officeholder living	expense	
							ι	witter accour	π			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held												
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/Offic	enolder name	Ĺ	Office soug	gni			Office he	10	
	_	_										
	Date		Payee name	Feeturee								
	06/03/2024		Twitter Paid Features									
	Amount (\$)		Payee address; City; State; Zip Code									
	\$5.40		Market Squa	re, 1355 Marke	t St suite 9	000						
			San Franciso	co, CA 94103								
	PURPOSE	(a)	Category (See	Categories listed at the	e top of this sch	iedule)	(b) [	Description				
	OF EXPENDITURE		Advertising E	Expense			Į			de of Texas. Comp		
							Ļ			officeholder living	expense	
								Twitter subsc	npt	10(1		
		Ļ	Condidate Off -	abaldar nama						Office	Id	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	enoluer name	Ĺ	Office soug	JUL			Office he	าน	

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)					
	Sch: 7/7 Rpt: 15/15		Roberts, Joseph W. (Mr.)					00051940			
4	Date	5	Payee name								
	06/17/2024		Twitter Paid Features								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$8.64		Market Square, 1355 Market St suite 900								
		San Francisco, CA 94103									
8	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule	a) (	b) Description					
	OF EXPENDITURE		Advertising Expense				outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE							, officeholder living expense			
						Twitter accou	unt				
_											
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name								
	04/12/2024		Whataburger								
Amount (\$) Payee address; City; State; Zip Code											
	\$10.81 121 N Shoreline Blvd										
			Corpus Christi, TX 78401								
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule	e) (	b) Description					
OF       Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         EXPENDITURE       Check if Austin, TX, officeholder living expense											
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Offic	ce soug	nt		Office held			
	expenditure to benefit C/OF	Н									
	Date		Payee name								
	04/13/2024		Whataburger								
	Amount (\$)		Payee address; City;	State; Z	ip Cod	e					
	\$12.22		121 N Shoreline Blvd								
			Corpus Christi, TX 78401		ī						
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule	e) (	b) Description		the of Taura Consultate Only 1 1 T			
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						COnvention-					
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Offic	ce soug	nt		Office held			
	expenditure to benefit C/OF				- 9						