CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| _ | | | | | | | | |
|--------------|--|--|--|----------------------------|--|---|---|---------------------|
| ¹ | Filer ID (Eth 00087829 | ics Commission Filers) | 2 Total pages filed: 26 | | | | | SE ONLY |
| L | | | | | | | Date Received | |
| 3 | CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Tiffany N. | | | MI | ELECTRONICA 01/16/2024 | LY FILED |
| | | NICKNAME | LAST | | | SUFFIX | | |
| | | | McWilliams | | | | | |
| 4 | ORIGINAL REPORT TYPE | X January 15 | Runoff | [| Other (s | pecify) | Date Hand-delivered or I | Date Postmarked |
| | | July 15 | Exceeded modified | reporting limi | t | | Receipt # | Amount |
| | | 30th day before election | 15th day after camp appointment (office | | er | | | |
| | | 8th day before election | Final Report (Attack | | | | Date Processed | |
| 5 | ORIGINAL PERIOD | Month Day Yea | ır | Month | Day | Year | Date Imaged | |
| | COVERED | 07/01/2023 | THROUGH | 12/3 | 31/2023 | | | |
| 6 | EXPLANATION OF (| CORRECTION | | | | | | |
| | County Elections was | ion on the ballot erroneousl s corrected to indicate paym s rather than the bank; "Bac | ent for "Voter Lists" ra | ther than "E | lection res | ults;" Address f | or Harland Clark wa | s updated to the |
| 7 | AFFIDAVIT | | | | | | | |
| | | | | ear, or affirn correct. | n, under pe | enalty of perjury | v, that this corrected | report is true |
| | | | Che | ck the box r | next to any | and all applical | ble statements: | |
| | | | X | was made | in good fa | ith and without | affirm that the origin an intent to mislead ned in the report. | |
| | | | | report not that the re | later than t port as orig affirm, that | the 14th busine ginally filed is in any error or on | that I am filing this c ss day after the date accurate or incomple nission in the report a | l learned ete. l |
| | | | | | Mr | s. Tiffany N. N | /cWilliams | |
| | | | | | | | or Officeholder | |
| | AFFIX NOTARY ST | AMP / SEAL ABOVE | | | Jynalu | ie of Candidale | | |
| | Sworn to and subso | ribed before me, by the sai | b | | | , this th | he | day |
| | | , 20, to cert | | | | | | |
| | Signature of offic | er administering oath | Printed name of of | ficer admini | stering oat | h ⁻ | Title of officer admini | stering oath |
| | Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections Form | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to comp | lete this form. | 1 Filer ID (Ethics Commi | ssion Filers) | 2 Total pages f | |
|-------------------------|----------------------------|-----------------|-----------------------------|-----------------------------------|---------------------|----------------------|
| | | | 00087829 | | · · · · · · | 26 |
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| OFFICEHOLDER NAME | Mrs. | Tiffany N. | | | Date Received | |
| | | | | | ELECTRONIC | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | 01/16/2024 | |
| | | McWilliams | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE #: CI | ΓY: | ZIP CODE | Date Hand-delivered | or Date Postmarked |
| OFFICEHOLDER | PO Box 550 | · · · · , · · | , | | | |
| MAILING ADDRESS | | | | | Receipt # | Amount |
| | | | | | | |
| Change of Address | George West, TX 78022 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | Mrs. | Laura D. | | | | |
| NAME | | 20010121 | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Fischer | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO |) BOX PLEASE); | AP | T / SUITE #; CITY; | ST | ATE; ZIP CODE |
| TREASURER ADDRESS | 13 Shady Ln | | | | | |
| (Desidence en Dusines) | | | | | | |
| (Residence or Business) | Beeville, TX 78102 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHO | NE NUMBER | EXTENSION | | | |
| TREASURER PHONE | (361) 362-3442 | | | | | |
| THOME | | | | | | |
| 8 REPORT | | | | | | |
| TYPE | X January 15 | 30th day befor | e election | Runoff | | ampaign treasurer |
| | | | | | appointment (off | |
| | July 15 | 8th day before | election | Exceeded modified reporting limit | Final Report (At | tach C/OH-FR) |
| | | | | | | |
| 9 PERIOD COVERED | Month Day Year | | | Month Day | Year | |
| COVERED | 07/01/2023 | T | HROUGH | 12/31/202 | 3 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | X F | Primary | Runoff | Other | |
| | 03/05/2024 | | General | Special | | |
| | | | | | | |
| | | | | | (if here every) | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | intrint 1E6th |
| | | | | District Attorney | (Multi-County) D | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO ' | TO PAGE 2 | | | |
| | | | | | | |
| Forms provided by Te | exas Ethics Commission | www.e | thics.state.tx.u | S | Ver | sion V3.5.1.0bfcfb67 |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 26

| 13 C / OH NAME | 14 Filer ID (00087829 | Ethics Commission Filers) | | |
|--|-----------------------------------|--|--------------------------|-------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | bolitical contributions accepted or political expenditu These expenditures may have been made without to I 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 ADDRES | S | |
| | | | | |
| 16 CONTRIBUTION TOTALS | N PLEDGES, LOANS, CTRONICALLY) | \$ 0.00 | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS |) | \$ 54,207.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 20,774.49 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD | AST DAY OF THE | \$ 35,043.46 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | • | | | • |
| | | I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code. | | |
| | | Mrs. Tif | fany N. McWilliams | |
| | | Signature of | Candidate or Officehol | der |
| AFFIX NOT | TARY STAMP / SEAL ABO | DVE | | |
| Sworn to and subsc | ribed before me, by the s | aid | , this the | day |
| of | , 20, to ce | ertify 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 | | Version V3.5.1.0bfcfb67 |

| S | UBT | | FORM C/OH SHEET PG 3 4 of 26 | | |
|-----|-------------------|---|------------------------------------|-----------|-------------------|
| | ER NAN Willian | ME ns, Tiffany N. (Mrs.) | 19 Filer ID 00087829 | (Ethics C | ommission Filers) |
| | | E SUBTOTALS SCHEDULE | | SUE | STOTAL AMOUNT |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 49,825.00 |
| 2. | Х | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 4,382.00 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 14,205.18 |
| 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. | Х | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 6,569.31 |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | | |

| | The Instru | ction Guide explains how to complete t | his for | rm. | 1 | Total pages Schedule A1: Sch: 1/9 Rpt: 5/26 | |
|----------|--------------------|--|---------|----------------------------|----------------|--|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | McWilliams, | Tiffany N. (Mrs.) | | | | 00087829 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC | (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 12/12/2023 | Aliseda, Ernest | | | | | \$250.00 |
| | 1 | 6 Contributor address; City; State; Zip Code | | | | | |
| | ļ | | | | | | |
| | ļ | | | | | | |
| | | McAllen, TX 78504 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Attorney | | | DHR Health | | | |
| | Date | Full name of contributor out-of-state PAC | (ID#: |) | | Amount of Contribution (\$) | |
| | 12/28/2023 | Aliseda, Jose | | | | | \$250.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | | |
| | ļ | | | | | | |
| | | | | | | | |
| | ļ | Beeville, TX 78102 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC | (ID#: |) | | Amount of Contribution (\$) | |
| | 08/02/2023 | Aliseda, Jose | 、 | | | • • | \$250.00 |
| | | | | | | | |
| | | | | | | | |
| | ļ | | | | | | |
| | | Beeville, TX 78102 | | | | | |
| ⊢ | Principal occu | I Ipation / Job title (See Instructions) | | Employer (See Instructions | <u>ا</u> 5) | | |
| | | | | | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC | (ID#: |) | | Amount of Contribution (\$) | |
| | 12/13/2023 | Atchley, Jared | (| | | · · · · · · · · · · · · · · · · · · · | \$50.00 |
| | , - | Contributor address; City; State; Zip Code | | | | | ···· |
| | | Continuation address, City, State, Zip Code | | | | | |
| | ļ | | | | | | |
| | | Kingwood, TX 77339 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 1 5) | | |
| | • | · · · | | | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC | (ID#: |) | | Amount of Contribution (\$) | |
| | 12/15/2023 | Aziz, Erin | (| | | · · · · · · · · · · · · · · · · · · · | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | ···· |
| | | | | | | | |
| | ļ | | | | | | |
| | | Houston, TX 77002 | | | | | |
| \vdash | Principal occu | I Ipation / Job title (See Instructions) | | Employer (See Instructions | 1 5) | | |
| | Attorney | | | Muhammed S. Aziz P.C | | | |
| \vdash | - | | | | | | |
| | | | | | | | ſ |

| | The Instru | ction Guide explains how to comple | ete this for | m. | 1 | Total pages Schedule A1: Sch: 2/9 Rpt: 6/26 | |
|----------|----------------|--|--------------|----------------------------|----------------|--|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | Tiffany N. (Mrs.) | | | | 00087829 | |
| 4 | Date | 5 Full name of contributor 🗌 out-of-state | e PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/22/2023 | Chapline, Grant | | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Austin, TX 78733 | | | | | |
| 8 | Principal occu | I pation / Job title (See Instructions) | 9 | Employer (See Instructions | L;) | | |
| | Banker | | | Sage Capital Bank | <i>,</i> | | |
| | Date | Full name of contributor 🔲 out-of-state | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/13/2023 | Chapline, Grant | | | | | \$2,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78733 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Banker | | | Sage Capital Bank | | | |
| ⊨ | Date | Full name of contributor | PAC (ID# |) | | Amount of Contribution (\$) | |
| | 09/15/2023 | DeWitt, Dennis | | | | , and an e contribution (+) | \$100.00 |
| | 00/10/2020 | | | | | | ¢100.00 |
| | | Contributor address, City, State, Zip Code | | | | | |
| | | | | | | | |
| | | Beeville, TX 78102 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ເ) | | |
| | | | | | , | | |
| | Date | Full name of contributor 🗌 out-of-state | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/28/2023 | DeWitt, Dennis | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Beeville, TX 78102 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | | | | | | | |
| ⊨ | Date | Full name of contributor out-of-state | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 11/26/2023 | Dehnisch, Anne | | / | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | | +_00.00 |
| | | | | | | | |
| | | | | | | | |
| | | Beeville, TX 78102 | | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ວ | | |
| | | | | | , | | |
| \vdash | | | | | | | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/9 Rpt: 7/26 2 FILER NAME Filer ID (Ethics Commission Filers) 3 McWilliams, Tiffany N. (Mrs.) 00087829 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/22/2023 Dobie, Roberta \$500.00 6 Contributor address; City; State; Zip Code Three Rivers, TX 78071 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/27/2023 \$100.00 Dobson & Son Contributor address; City; State; Zip Code Beeville, TX 78104 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/02/2023 Dubose, Judith \$500.00 Contributor address; City; State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2023 \$250.00 Edwards, Jeffrey Contributor address; City; State; Zip Code Houston, TX 77055 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/21/2023 \$500.00 Fischer, Laura Contributor address; City; State; Zip Code Beeville, TX 78102 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 4/9 Rpt: 8/26 |
|------------------|---|------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| McWilliams, | Tiffany N. (Mrs.) | | 00087829 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/07/2023 | Forehand, Tommy | | \$100.00 |
| I | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Three Rivers, TX 78071 | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | Σ δ) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/27/2023 | Foster, Kermit | | \$200.00 |
| I | | | 1 |
| | | | |
| | | | |
| | San Antonio, TX 78260 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/27/2023 | | | \$200.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | San Antonio, TX 78260 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | e) |
| | | | <i>"</i> |
| Date | Full name of contributor Out-of-state PAC (ID#:_ | <u> </u>) | Amount of Contribution (\$) |
| 12/28/2023 | Harris, Novia | | \$500.00 |
| I | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | George West, TX 78022 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 11/28/2023 | Holland, Bill | | \$150.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | George West, TX 78022 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | e) |
| гшыра осса | | | >) |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/9 Rpt: 9/26 2 FILER NAME Filer ID (Ethics Commission Filers) 3 McWilliams, Tiffany N. (Mrs.) 00087829 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2023 Hunter, Jurica \$50.00 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/11/2023 Jaure, Paul \$250.00 Contributor address; City; State; Zip Code Beeville, TX 78102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/14/2023 Jurica, Adam \$50.00 Contributor address; City; State; Zip Code Corpus Christi, TX 78415 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2023 \$25.00 Kennelly, Jana Contributor address; City; State; Zip Code Lexington, KY 40502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/30/2023 \$500.00 Long, Judy (Mrs.) Contributor address; City; State; Zip Code Beeville, TX 78102 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| SCHEDULE | A1 |
|----------|----|
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|--------------------------|---|---|----------|---|------------|
| The Instruc | ction Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 6/9 Rpt: 10/26 | |
| 2 FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| McWilliams, 7 | Tiffany N. (Mrs.) | | | 00087829 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 12/06/2023 | Long, Sean | | | | \$100.00 |
| ľ | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77008 | <u>.</u> | | | |
| 8 Principal occup | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 08/20/2023 | McWilliams, Tiffany | | | | \$2,000.00 |
| ŀ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | George West, TX 78022 | | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| First Assistan | nt District Attorney | 156th Judicial District At | ttor | ney | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Ī | Amount of Contribution (\$) | |
| 09/27/2023 | Moore, Deann | | | | \$100.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77024 | | Ĺ | | |
| Principal occup Pre-K | pation / Job title (See Instructions) | Employer (See Instructions Chapelwood School | 3) | | |
| | | | — | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | +=00.00 |
| 11/22/2023 | Moore, Deann | | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | Houston, TX 77024 | | | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| Pre-K | | Chapelwood School | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 12/14/2023 | Murray, Paul | | | | \$500.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | El Largo, TX 77586 | | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | |
| | | | | | |
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|----------|----------------|--|------------------------------|--|---|------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 7/9 Rpt: 11/26 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | Tiffany N. (Mrs.) | | | 00087829 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 08/25/2023 | Netherly, Armond | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| I | | Passaic, NJ 07055 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | Technical Di | rector | MLB Network | | | |
| _ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/03/2023 | O'Neill, Jack | | | | \$2,500.00 |
| | | | | • | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77019 | | | | |
| | Principal occu | Lupation / Job title (See Instructions) | Employer (See Instructions | <u>لــــــــــــــــــــــــــــــــــــ</u> | | |
| | Attorney | | Pierce & O'Neill, LLP | , | | |
| — | Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u> | — | Amount of Contribution (\$) | |
| | 08/02/2023 | Full name of contributor out-of-state PAC (ID#: Sadovsky & Ellis PLLC | / | | | \$500.00 |
| | 0010212020 | - | | | | Φυυυ.υυ |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | San Antonio, TX 78217 | | | | |
| | Princinal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ال</u> | | |
| | Fillopu ooca | | | <i>''</i> | | |
| - | Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u> | — | Amount of Contribution (\$) | |
| | 08/22/2023 | Schneider, Rob | / | | Allount of Contineators (+) | \$250.00 |
| | 00,22,2020 | Contributor address; City; State; Zip Code | | • | | Ψ_00.00 |
| | | Continuutor address, City, State, Zip Code | | | | |
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| | | Driftwood, TX 78619 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ໄ</u> | | |
| | 1 1110.00.221. | | | '' | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | | — | Amount of Contribution (\$) | |
| | 08/23/2023 | Sonnenburg, Carol | / | | | \$100.00 |
| | 0012012020 | - | | - | | Ψ100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Santa Fe, TX 77517 | | | | |
| ⊢ | Dringing occu | | Employer (See Instructions | $\overline{\Gamma}$ | | |
| | Principai occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| 08/30/2023 Swenson, Peter \$25,000.00 6 Contributor address; City; State; Zip Code Tilden, TX 78072 | | | | | | | | |
|---|---|-------------------|---------------------------------------|-------------------------|----------------------------|----------|-----------------------------|-------------------|
| McWilliams, Tiffany N. (Mrs.) 00087829 4 Date 5 Full rame of contribution | | The Instru | ction Guide explains how t | to complete this fe | orm. | 1 | | |
| McWilliams, Tiffany N. (Mrs.) 00087829 4 Date 5 Full name of contribution | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissi | on Filers) |
| 08/30/2023 Swenson, Peter \$25,000.00 6 Contributor address; City; Stale; Zip Code \$25,000.00 7 Tilden, TX 78072 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 12/01/2023 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) Skidmore, TX 78389 Employer (See Instructions) Amount of Contribution (\$) Date Skidmore, TX 78389 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (Der 07/23/2023 Full name of contributor out-of-state PAC (Der Warner, Martha (Mrs.) Contributor address; City; State; Zip Code Amount of Contribution (\$) State Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date George West, TX 78022 Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00 Contributor address; City; State; Zip Code Amoun | | McWilliams, | Tiffany N. (Mrs.) | | | | | , |
| 6 Contributor address; City; State; Zip Code Tilden, TX 78072 Principal occupation / Job title (See Instructions) Retired Pate Date Full name of contributor 12/01/2023 Full name of contributor Skidmore, TX 78389 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Skidmore, TX 78389 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (Der 07/23/2023 Full name of contributor out-of-state PAC (Der 07/23/2023 Full name of contributor out-of-state PAC (Der Principal occupation / Job title (See Instructions) Employer (See Instructions) Date George West, TX 78102 Amount of Contribution (\$) \$500.00 Oy05/2023 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$500.00 Contributor address; City; State; Zip Code George West, TX 78022 Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$1,000.00 Contributor address; | 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 6 Contributor address: City: State: Zip Code 7 Tilden, TX 78072 8 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor 12/01/2023 Full name of contributor Skidmore, TX 78389 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Skidmore, TX 78389 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (Der) O7/23/2023 Full name of contributor out-of-state PAC (Der) O7/23/2023 Full name of contributor out-of-state PAC (Der) Principal occupation / Job title (See Instructions) Employer (See Instructions) State: Zip Code Amount of Contribution (\$) \$500.00 Contributor address; City; State: Zip Code Amount of Contribution (\$) 09/05/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 99/05/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 99/05/2 | | 08/30/2023 | Swenson, Peter | | | | | \$25,000.00 |
| 9 Frincipal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired Date 12/01/2023 Full name of contributor out-of-state PAC (Der Amount of Contribution (S) S300.00 Skidmore, TX 78389 Employer (See Instructions) Amount of Contribution (S) Skidmore, TX 78389 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 07/23/2023 Full name of contributor out-of-state PAC (Der Orrelate Full name of contributor out-of-state PAC (Der Orrelate Contributor address; City; State; Zip Code Amount of Contribution (S) S300.00 Contributor address; City; State; Zip Code Amount of Contribution (S) Beeville, TX 78102 Employer (See Instructions) Amount of Contribution (S) Date George West, Kitley Amount of Contribution (S) Os/05/2023 Full name of contributor out-of-state PAC (Der Og/05/2023 Full name of contributor out-of-state PAC (Der Orticibutor address; City; State; Zip Code Amount of Contribution (S) State PAC (Der Amount of Contribution (S) 12/12/2023 Full name of contributor out-of-state PAC (Der 12/12/2023< | | | | | | 1 | | |
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| Retired Retired Date Full name of contributor out-of-state PAC (DBr Amount of Contribution (\$) 12/01/2023 Thoms, Mary \$300.00 Contributor address; City: State; Zip Code Skidmore, TX 78389 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DBr 07/23/2023 Warner, Martha (Mr.s.) Amount of Contribution (\$) 07/23/2023 Warner, Martha (Mr.s.) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) State Full name of contributor out-of-state PAC (DBr 09/05/2023 Wasicek, Kitley Amount of Contribution (\$) 09/05/2023 Full name of contributor out-of-state PAC (DBr 09/05/2023 George West, TX 78022 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DBr 12/12/2023 Full name of contributor Amount of Contribution (\$) 12/12/2024 Full name of contributor out-of-state PAC (DBr Amoun | | | | | | | | |
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| 12/01/2023 Thoms, Mary \$300.00 Contributor address; City; State; Zip Code \$300.00 Skidmore, TX 78389 Employer (See Instructions) Date Full name of contributor out-of-state PAC (De: | | Retired | | | Retired | | | |
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| 07/23/2023 Warner, Martha (Mrs.) | | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| 07/23/2023 Warner, Martha (Mrs.) | | | | | | | | |
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| Contributor address; City; State; Zip Code Beeville, TX 78102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/05/2023 Wasicek, Kitley Amount of Contribution (\$) 09/05/2023 George West, TX 78022 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: | | 07/23/2023 | | | | | | \$300.00 |
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| 09/05/2023 Wasicek, Kitley \$500.00 Contributor address; City; State; Zip Code George West, TX 78022 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Wheeler, Clifton out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) Boerne, TX 78006 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | | | |
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| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Wheeler, Clifton \$1,000.00 Contributor address; City; State; Zip Code State; Zip Code Boerne, TX 78006 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | ſ | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Wheeler, Clifton \$1,000.00 Contributor address; City; State; Zip Code State; Zip Code Boerne, TX 78006 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | Coorgo West TV 79022 | | | | | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/12/2023 Wheeler, Clifton \$1,000.00 Contributor address; City; State; Zip Code Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Dringing ogg | | | Employer (See Instructions | <u> </u> | | |
| 12/12/2023 Wheeler, Clifton \$1,000.00 Contributor address; City; State; Zip Code Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Principal occu | pation / Job tille (See Instructions) | | Employer (See instructions | <i>)</i> | | |
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| Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | 12/12/2023 | | | | | | \$1,000.00 |
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| | | Sell-employe | ,u | | Sell-employed | | | |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 9/9 Rpt: 13/26 | |
|---|----------------|---|------------------------------|----|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | Tiffany N. (Mrs.) | | | 00087829 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 12/15/2023 | Wheeler, Forrest | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Fredericksburg, TX 78624 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | S) | | |
| | Self-employe | ed | Self-employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 12/07/2023 | Wheeler, Lee | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | George West, TX 78022 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Self-employe | ed | Self-employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 12/29/2023 | Williams, Jeffrey | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
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| | | San Antonio, TX 78260 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 08/28/2023 | Wojtasczyk, Linda | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | George West, TX 78022 | | | | |
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| | | | - |
|-------------------------------|---|---|--|
| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/26 |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| McWilliams, Tiffany N. (Mrs.) | | | 00087829 |
| ⁴ TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | \$ | |
| 5 Date | 6 Full name of contributor out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution |
| 10/27/2023 | Aliseda, Elizabeth | | contribution (\$) description |
| | 7 Contributor address; City; State; Zip Code | | \$271.00 Meet and greet party with refreshments |
| | Beeville, TX 78102 | | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occu | upation / 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 contributo | or's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor i | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| | | | |
| Date | Full name of contributor 🔲 out-of-state PAC (ID#: |) | Amount of In-kind contribution |
| 10/16/2023 | Mery, Jordan | | contribution (\$) description |
| | Contributor address; City; State; Zip Code | | \$3,840.001P3 Imagining - signs donated |
| | | | uonateu |
| | | | 1 |
| | San Antonio, TX 78216 | | Check if travel outside of Texas. Complete Schedule T. |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | |
| Sign maker | | P3 Imaging | |
| 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 | Full name of contributor 🔲 out-of-state PAC (ID#: |) | Amount of In-kind contribution |
| 10/27/2023 | Quinones, Johanna | | contribution (\$) description |
| | Contributor address; City; State; Zip Code | | \$271.00 Meet and Greet event with refreshments |
| | | | |
| | | | |
| | Beeville, TX 78102 | | Check if travel outside of Texas. Complete Schedule T. |
| Principal occu | upation / 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 | Contributor's employer/law firm (FOR JUDICIAL) | | or's spouse (if any) (FOR JUDICIAL) |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
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| | 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: 1/4 Rpt: 15/26 | McWilliams, Tiffany N. (Mrs.) | 00087829 | | |
| 4 | Date 11/27/2023 | 5 Payee name 3D Signs | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$3,832.05 | 7986 1st St. Somerset, TX 78069 | | | |
| 0 | DUDDOCE | | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 12/07/2023 | 3D Signs | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$1,104.15 | 7986 1st St. Somerset, TX 78069 | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 12/19/2023 | 3D Signs | | | |
| | Amount (\$) \$1,926.85 | Payee address; City; State; Zip Code 7986 1st St. | | | |
| | | Somerset, TX 78069 | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|--|------------------------------------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri | fice Overhead/F Illing Expense inting Expense Ilaries/Wages/C | | Travel in District Travel Out of Dist | uipment & Related Expense |
| 1 | Total pages Schedule F1: | FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 2/4 Rpt: 16/26 | McWilliams, Tiffany N. (Mrs.) | | | 00087829 | |
| 4 | Date | Payee name | | | | |
| | 12/07/2023 | Avila, Henry | | | | |
| 6 | Amount (\$) | Payee address; City; State; Z | ip Code | | | |
| | \$619.19 | 3126 Annarose Ln. | | | | |
| | | San Antonio, TX 78211 | | | | |
| 8 | PURPOSE | | (b) [| Description | | |
| 0 | OF | Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor | | Description Check if travel out | tside of Texas. Comp | lete Schedule T. |
| | EXPENDITURE | Salanes, Wages, Contract Labor | | _ | X, officeholder living | |
| | | | 5 | Sign installer | | |
| | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Offic | e sought | | Office he | ld |
| | Date | Payee name | | | | |
| | 10/30/2023 | Bee County 4H | | | | |
| | Amount (\$) | Payee address; City; State; Z | ip Code | | | |
| | \$1,000.00 | 210 E. Corpus Christi St. | | | | |
| | | | | | | |
| | | Beeville, TX 78102 | | | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedule | e) (b) [| Description | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense | | | tside of Texas. Comp X, officeholder living | |
| | | | | Bee County 4H | | expense |
| | | | | | ··· , ··· · | |
| | Complete ONLY if direct | andidate/Officeholder name Offic | e sought | | Office he | ld |
| | expenditure to benefit C/OI | | 0 | | | |
| | Date | Payee name | | | | |
| | 08/31/2023 | Bee County Election Clerk | | | | |
| | Amount (\$) | Payee address; City; State; Z | in Code | | | |
| | \$20.00 | 107 S. St. Mary's St. | ip couc | | | |
| | 420.00 | | | | | |
| | | Beeville, TX 78102 | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedule | _{e)} (b) [| Description | | |
| | OF EXPENDITURE | Voter Lists | | | tside of Texas. Comp | |
| | | | ļĻ | | X, officeholder living | expense |
| | | | | /oter Lists | | |
| | Complete ONUX 5 - Start | andidata/Officabaldar acros | | | O# ! | 14 |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Offic | e sought | | Office he | u |
| | - | | | | | |
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| | 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 | 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: | PILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 3/4 Rpt: 17/26 | McWilliams, Tiffany N. (Mrs.) | 00087829 | | |
| 4 | Date | Payee name | | | |
| | 09/06/2023 | Harland Clarke CHK | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$43.47 | 15955 La Cantera Pkwy | | | |
| | | | | | |
| | | San Antonio, TX 78256 | | | |
| 8 | PURPOSE OF | a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | | putside of Texas. Complete Schedule T. , TX, officeholder living expense | | |
| | | | or Political Account | | |
| | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 10/31/2023 | La Linea Wine Bar | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$300.00 | 211 W. Bowie St. | | | |
| | | Beeville, TX 78102 | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense DNSOI | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 09/13/2023 | Mammoth Marketing | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$3,000.00 | 4500 Bissonnet St. | | | |
| | | STE 370 | | | |
| | | Bellaire, TX 77401 | | | |
| | PURPOSE | a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF | Advertising Expense | outside of Texas. Complete Schedule T. , TX, officeholder living expense P bSite | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | |
|---|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| _ | Sch: 4/4 Rpt: 18/26 | McWilliams, Tiffany N. (Mrs.) 00087829 | | | | |
| | - | | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 10/04/2023 | Mammoth Marketing | | | | |
| 6 | Amount (\$) \$913.36 | 7 Payee address; City; State; Zip Code 4500 Bissonnet St. STE 370 Bellaire, TX 77401 | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Design for palm card | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 11/28/2023 | Mammoth Marketing | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$927.01 | 4500 Bissonnet St. STE 370 Bellaire, TX 77401 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 12/28/2023 | WINRED | | | | |
| | Amount (\$) \$519.10 | Payee address; City; State; Zip Code P.O. Box 9891 | | | | |
| | | Arlington, VA 22219 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for WINRED website | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | | |
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| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | | | |
|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Polling g - Gift/Awards/Memorials Expense Printing | Repayment/Reinbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense g Expense Travel in District gs/Wages/Contract Labor OTHER (enter a category not listed above) | | | | |
| 1 Total pages Schedule G: Sch: 1/8 Rpt: 19/26 | 2 FILER NAME McWilliams, Tiffany N. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087829 | | | | |
| 4 Date 11/12/2023 | 5 Payee name 24 Hour Wristbands | | | | | |
| 6 Amount (\$) \$411.35 | Payee address; City; State; Zip 14550 Beechnut St. Houston, TX 77083 | Code | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Koozies | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | | |
| Date 12/08/2023 | Payee name 24 Hour Wristbands | | | | | |
| Amount (\$) \$370.70 | Payee address; City; State; Zip 14550 Beechnut St. Houston, TX 77083 | Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Koozies | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | | |
| Date 09/30/2023 | Payee name Banners on the Cheap | | | | | |
| Amount (\$) \$196.91 Reimbursement from | Payee address; City; State; Zip 11525 Stonehollow Dr. B220 | Code | | | | |
| political contributions intended | Austin, TX 78758 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | | |
| | | | | | | |

| POLITICAL EX | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE | | | |
|--|---|--|---|--|
| | EXPENDITURE CATEGORIES FO | R BOX 8(a) | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Glift/Awards/Memorials Expense Printing I | ayment/Reimbursement Solic erhead/Rental Expense Tran opense Trave xpense Trave Vages/Contract Labor OTH | itation/Fundraising Expense sportation Equipment & Related Expense el in District el Out of District ER (enter a category not listed above) | |
| 1 Total pages Schedule G: Sch: 2/8 Rpt: 20/26 | 2 FILER NAME McWilliams, Tiffany N. (Mrs.) | 3 File 000 | r ID (Ethics Commission Filers) 187829 | |
| 4 Date 08/24/2023 | 5 Payee name Beeville Police Association - Back the Blue | | | |
| 6 Amount (\$) \$100.00 Reimbursement from political contributions | 7 Payee address; City; State; Zip C P.O. Box 31 Boxvilla, TX 78103 | ode | | |
| intended | Beeville, TX 78102 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 10/30/2023 | Campbell, Anna | | | |
| Amount (\$) \$256.00 | Payee address; City; State; Zip C 1044 Bluebonnet Ln. | ode | | |
| Reimbursement from political contributions intended | Adkins, TX 78101 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 09/30/2023 | Deluxe Footballs | | | |
| Amount (\$) \$601.51 | Payee address; City; State; Zip C 801 S. Marquette Ave. | ode | | |
| Reimbursement from political contributions intended | Minneapolis, MN 55402 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | | | | |

| POLITICAL E | XPENDITURES FROM PERSO | NAL FUNDS SCHEDULE G |
|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli Credit Card Payment | Fees Office (Food/Beverage Expense Polling By - Gift/Awards/Memorials Expense Printing | epayment/Reinbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District JExpense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule G Sch: 3/8 Rpt: 21/26 | 2 FILER NAME McWilliams, Tiffany N. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087829 |
| 4 Date 11/05/2023 | 5 Payee name Extra Special Field Day | |
| 6 Amount (\$) \$500.0 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip 0 913 Houston St. George West, TX 78022 | Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship |
| 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 George West Band Booster | |
| Amount (\$) \$250.0 Reimbursement from political contributions intended | Payee address; City; State; Zip 0 0 P.O. Box 1435 George West, TX 78022 | Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense George West Band Booster Sponsor |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/28/2023 | Payee name Go Daddy | |
| Amount (\$) \$68.1 | Payee address;City;State;Zip (92150 E. Warner Rd. | Code |
| Reimbursement from political contributions intended | Tempe, AZ 85284 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website domain and email address |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name McWilliams, Tiffany | Office sought Office held District Attorney (Multi- |
| | | |

| POLITICAL EX | PENDITURES FROM PERSON | IAL FUNDS SCHEDULE G | | |
|--|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F | payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense txpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule G: Sch: 4/8 Rpt: 22/26 | 2 FILER NAME McWilliams, Tiffany N. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087829 | | |
| 4 Date 10/25/2023 | 5 Payee name HEB | • | | |
| 6 Amount (\$) \$178.29 | Payee address; City; State; Zip C 100 E. Houston St. Beeville, TX 78102 | ode | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candy and bags | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | |
| Date | Payee name | | | |
| 10/25/2023 | Halloween Costumes | | | |
| Amount (\$) \$278.57 | Payee address; City; State; Zip C 2080 Lookout Dr. North Mankato, MN 56003 | ode | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Back to the future costumes | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | |
| Date 09/12/2023 | Payee name Infinite Photography | | | |
| Amount (\$) \$230.00 | Payee address; City; State; Zip C 315 E. Corral Ave. | ode | | |
| Reimbursement from political contributions intended | Kingsville, TX 78363 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pictures | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | |
| | | | | |

| | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE (| | | | | |
|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling Ex - Gift/Awards/Memorials Expense Printing E | payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule G: Sch: 5/8 Rpt: 23/26 | 2 FILER NAME McWilliams, Tiffany N. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087829 | | | |
| 4 | Date 12/18/2023 | 5 Payee name Magnets on the Cheap | | | | |
| 6 | Amount (\$) \$97.42 | 7 Payee address; City; State; Zip Co 2211 North First Street San Jose, CA 95131 | ode | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Vehicle magnets | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | |
| | Date | Payee name | | | | |
| | 11/11/2023 | Republican Party of Texas | | | | |
| | Amount (\$) \$1,250.00 | Payee address; City; State; Zip Co P.O. Box 2206 | ode | | | |
| | political contributions intended | Austin, TX 78768 | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense | | | |
| | ovnondituro to honofit | Candidate/Officeholder name McWilliams, Tiffany | Office sought Office held | | | |
| | Date 09/01/2023 | Payee name US Postal Service | | | | |
| | Amount (\$) \$13.20 | Payee address; City; State; Zip Co 111 N. St. Mary's St. | ode | | | |
| | Reimbursement from political contributions intended | Beeville, TX 78102 | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Stamps | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | |
| | | | | | | |

| POLITICAL EX | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | |
|---|---|--|-----------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office OV Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E | bayment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed aborement) | | | |
| 1 Total pages Schedule G: Sch: 6/8 Rpt: 24/26 | 2 FILER NAME McWilliams, Tiffany N. (Mrs.) | 3 Filer ID (Ethics Commission 00087829 | ו Filers) | | |
| 4 Date 09/30/2023 | 5 Payee name Vistaprint | ł | | | |
| 6 Amount (\$) \$128.81 | Payee address; City; State; Zip Co 275 Wyman St. Waltham, MA 02451 | ode | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living experimentary business cards | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | |
| Date 10/25/2023 | Payee name Vistaprint | | | | |
| Amount (\$) \$110.41 | Payee address; City; State; Zip Co 275 Wyman St. Waltham, MA 02451 | ode | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expe | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | |
| Date 10/25/2023 | Payee name Walmart | | | | |
| Amount (\$) \$140.76 | Payee address; City; State; Zip Co 502 E FM 351 | ode | | | |
| Reimbursement from political contributions intended | Beeville, TX 78102 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expe | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | expenditure to benefit | | | | |
| | | | | | |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | |
|---|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing | bayment/Reimbursement So berhead/Rental Expense Tra xpense Tra xpense Tra Xages/Contract Labor OT | licitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District 'HER (enter a category not listed above) | |
| 1 Total pages Schedule G: Sch: 7/8 Rpt: 25/26 | 2 FILER NAME McWilliams, Tiffany N. (Mrs.) | | ler ID (Ethics Commission Filers) 0087829 | |
| 4 Date 10/30/2023 | 5 Payee name Walmart | | | |
| 6 Amount (\$) \$129.59 | 7 Payee address; City; State; Zip Code 502 E. FM 351 Beeville, TX 78102 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | | k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense S | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held | | | | |
| Date 11/30/2023 | Payee name Walmart | | | |
| Amount (\$) \$71.68 | Payee address; City; State; Zip Code 502 E. FM 351 Beeville, TX 78102 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held | | | | |
| Date 09/18/2023 | Payee name Wristband Bros | | | |
| Amount (\$) \$349.12 | Payee address; City; State; Zip Code 1005 Main St. Unit 8118 Pawtucket, RI 02860 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held | | | | |
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| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | |
|---|--|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing f | ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/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 G: Sch: 8/8 Rpt: 26/26 | 2 FILER NAME McWilliams, Tiffany N. (Mrs.) | | Filer ID (Ethics Commission Filers) 00087829 | |
| 4 Date 10/09/2023 | 5 Payee name Wristband Bros | | | |
| 6 Amount (\$) \$484.80 | 7 Payee address; City; State; Zip Code 1005 Main St. Unit 8118 Pawtucket, RI 02860 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| Date 12/06/2023 | Payee name Wristband Bros | | | |
| Amount (\$) \$208.25 | Payee address; City; State; Zip C 1005 Main St. Unit 8118 Pawtucket, RI 02860 | ode | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Complete Sought Office held | | | | |
| Date 09/25/2023 | Payee name Younts Photography | | | |
| Amount (\$) \$143.75 | Payee address; City; State; Zip Code 501 W. FM 351 | | | |
| Reimbursement from political contributions intended | Beeville, TX 78102 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
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