#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 25 00067893 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Dr. Greg Bonnen Date Received **ELECTRONICALLY FILED** 02/05/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1183 Date Hand-delivered or Date Postmarked Change of Address Friendswood, TX 77549-1183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kim NAME NICKNAME LAST **SUFFIX** Bonnen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 405 David Street STREET **ADDRESS** (Residence or Business) Friendswood, TX 77546 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 405 David Street MAILING **ADDRESS** Friendswood, TX 77546 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 993-2846 PHONE REPORT X 30th day before election January 15 Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED **THROUGH** 01/25/2024 01/01/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/05/2024 General Special

**GO TO PAGE 2** 

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		:	L3 Filer ID	(Ethics Con	nmission Filers)
Friends of Dr. Greg Bor	nnen		00067893		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE	Dr. James Gregory Bonnen				
(Attach lists on plain paper to complete this	X Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD	(officeholder)		
	_	State Representative			
X SUPPORT		BALLOT IDENTIFICATION / #	EL FOTI	ION DATE	
(Candidate or Measure)		BALLOT IDENTIFICATION / #	Month	Day	Year
OPPOSE			Worth	Day	rour
(Candidate or Measure)					
ASSIST	Measure	DESCRIPTION			
(Officeholder)					
		<u> </u>			
15 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	PLEDGES,	\$	\$0.00
	ELECTRONICALLY), U			*	φ0.00
	2. TOTAL POLITICAL (	CONTRIBUTIONS			
	(OTHER THAN PLEDG	ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$107,646.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURES		\$	\$0.00
				"	Φ0.00
	4. TOTAL POLITICAL I	EXPENDITURES			
				\$	\$19,350.32
				ļ	
CONTRIBUTION BALANCE	75. TOTAL POLITICAL CO	NTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY OF THE	<b> </b>	\$1,579,037.40
				Ĭ `	p1,575,057.40
OUTSTANDING	6. TOTAL PRINCIPAL AM	OUNT OF ALL OUTSTANDING LOANS AS OF T	HE LAST	†	
LOAN TOTALS	DAY OF THE REPORT	ING PERIOD		\$	\$450,000.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of perju and correct and includes all information			
		Title 15, Election Code.			
		Mrs. Kim	Ponnon		
		Signature of Can		er	
AFFIX NOTARY	STAMP / SEAL ABOVE	3	j 3		
Sworn to and subscribed	before me, by the said	, th	is the		day
		ch, witness my hand and seal of office.			
	-				
Signature of officer ad	ministering oath Pri	inted name of officer administering oath	Title of office	er administe	ring oath

# **SUBTOTALS - SPAC**

# FORM SPAC COVER SHEET PG 3

				3 of 25
17 COMM Friend		<b>18</b> Filer ID 00067893	(Ethics Commission Filers)	
19 SCHEI NAME			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 93,446.6
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 14,200.0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		TION OR	\$	
6.		\$		
7.	Х	\$ 450,000.0		
8.	Х	5	\$ 19,350.3	
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/25	
2	FILER NAME Friends of D	r. Greg Bonnen				3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 01/24/2024			7	Amount of Contribution (\$)	\$15,000.00		
8	Principal occu	KAty, TX 77024	.)	a	Employer (See Instructions	:, 		
0	Attorney	pation / 300 title (See Instructions	)	9	Self	•)		
	Date Full name of contributor 🗵 out-of-state PAC (ID#:C00035006 ) 01/24/2024 Chevron Employees Pac Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00			
	Principal occu	San Ramon, CA 94583  upation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	Date Full name of contributor out-of-state PAC (ID#:) Crow, Harlan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00			
	Principal occu	Dallas, TX 75219  upation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Real Estate				Trammell Crow			
	Date Full name of contributor out-of-state PAC (ID#:)  01/24/2024 Energy Transfer Partners Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00			
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/16/2024 Farmer, Gary  Contributor address; City; State; Zip Code  Austin, TX 78746			Amount of Contribution (\$)	\$1,000.00			
	Principal occu President	pation / Job title (See Instructions	5)		Employer (See Instructions Heritage Title Company		Austin	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/25			
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)	
4	Date 01/24/2024			7	Amount of Contribution (\$)	\$2,500.00		
Ω	Principal occu	Austin, TX 78731 pation / Job title (See Instructions	·)	9 Employer (See Instructions				
0	r inicipal occu	pation 7 300 title (See Instructions	•)	5 Employer (See mstructions	) )			
	Date Full name of contributor out-of-state PAC (ID#:) 01/24/2024 Friends of the University PAC  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$5,000.00			
	Austin, TX 78763							
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			s)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/17/2024 Gebbia, Joe Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$5,000.00			
		Austin, TX 78746						
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	s)			
	Date Full name of contributor out-of-state PAC (ID#:)  01/21/2024 Gore, Rex  Contributor address; City; State; Zip Code  Austin, TX 78735			Amount of Contribution (\$)	\$5,000.00			
	Principal occu President	pation / Job title (See Instructions	s)	Employer (See Instructions PJS Texas	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  01/10/2024 Liemandt, Joe  Contributor address; City; State; Zip Code  Austin, TX 78703		•	Amount of Contribution (\$)	\$9,606.00			
	Principal occu CEO	pation / Job title (See Instructions	5)	Employer (See Instructions Trilogy	S)			
			•					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/25		
2	FILER NAME Friends of D	r. Greg Bonnen		3	Filer ID (Ethics Commissi 00067893	on Filers)	
4	Date 01/16/2024  5 Full name of contributor out-of-state PAC (ID#:)  Lonsdale, Joe  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4,803.00		
0	Dringing oggu	Austin, TX 78704	• Employer (See Instructions	,, 			
8	Partner Partner	pation / Job title (See Instructions)	9 Employer (See Instructions SVC	·)			
	Date Full name of contributor X out-of-state PAC (ID#: C00496307 )  01/21/2024 Marathon Petroleum Corporation Employees PAC  Contributor address; City; State; Zip Code  Findlay, OH 45840			Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Date Full name of contributor			Amount of Contribution (\$)	\$1,000.66		
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:)  01/04/2024 Shaw, Wendy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,536.96		
	Principal occu School Psyc	League City, TX 77573  pation / Job title (See Instructions) hologist	Employer (See Instructions Self	<u>                                      </u>			
	Date Full name of contributor out-of-state PAC (ID#:)  101/21/2024 Texans For Lawsuit Reform PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$10,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
		-					

MONE	FARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/25	
2 FILER NAME	E Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
4 Date 01/24/2024	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$10,000.00	
8 Principal occ	Austin, TX 78701 upation / Job title (See Instructions)	9 Employer (See Instructions	(3)
	(		,
Date Full name of contributor out-of-state PAC (ID#:) 01/24/2024 Weekley, Richard W.  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10,000.00	
Principal occ	Houston, TX 77055 upation / Job title (See Instructions)	Employer (See Instructions Weekley Properties	<u> </u> 

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L	SCHEDULE A2
The Instruction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/25	
2 FILER NAME Friends of Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
		8 Amount of contribution (\$) 9 In-kind contribution description \$14,200.00 Polling
Nederland, TX 77627		Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l	

	LOANS					SCHEDULE E
	The Instruction Guide explains how to complete this form					iges Schedule E: 1 Rpt: 9/25
	FILER NAME Friends of Dr. G	reg Bonnen				(Ethics Commission Filers)
4		IITEMIZED LOANS				\$
	Date of loan 01/01/2024	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$) \$450,000.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Friendswood, TX 77546				11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction Self	tions)	
14	Description of Coll  X None	lateral		15 Check if personal fund	s were deposited	d into political account (See Instructions)
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruc	tions)	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment		Gift/Av Committee Legal	Beverage Expense wards/Memorials Expense Services Instruction Guide explains		ense ges/Contract Labor	Travel in Distric Travel Out of D OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 1/16 Rpt: 10/25	Friends of Dr. G	reg Bonnen			00067893	
4	Date	Payee name				•	
	01/22/2024	Alpha A Enterpri	ises				
6	Amount (\$)	7 Payee address;	City; State	e; Zip Cod	e		
	\$400.00	2023 Foxboroug	Jh Drive				
		Eagle Pass, TX	78852				
8	PURPOSE	(a) Category (See Cate	egories listed at the top of this scl	hedule)	b) Description		
	OF EXPENDITURE	Office Overhead	I/Rental Expense			outside of Texas. Cor n, TX, officeholder livin graphy	
_	Complete ONLY if direct	Condidate/Officebal	lelan nama	Office count	-*	Office le	ald
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officehol	iuei name	Office sough	IL	Office h	eiu
	Date	Payee name					
	01/24/2024	Bay Oaks Count					
	Amount (\$)	Payee address;	•	e; Zip Cod	е		
	\$58.00	14545 Bay Oaks	S BIVO				
		Houston, TX 770	059				
	PURPOSE OF		egories listed at the top of this scl	hedule)	b) Description	outside of Toyas Cor	mnlata Schadula T
	EXPENDITURE	Food/Beverage	∟xpense		<b>=</b>	outside of Texas. Cor , TX, officeholder livin	
					Campaign Lu	ınch Expense	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officehol	lder name	Office sougl	nt	Office h	neld
	Date	Payee name			· · · · · · · · · · · · · · · · · · ·		
L	01/18/2024	Butcher, Cyndy	(Ms.)				
	Amount (\$)	Payee address;		e; Zip Cod	e		
	\$1,720.00	13603 Willow He	eights Court				
		Houston, TX 770	059				
	PURPOSE OF		egories listed at the top of this scl	hedule)	b) Description		
	EXPENDITURE	Salaries/Wages/	/Contract Labor			outside of Texas. Cor	
					Labor Expens		9 - F 200-
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officehol	lder name	Office sough	nt	Office h	eld

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 2/16 Rpt: 11/25	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	01/10/2024	Capitol Gift Shop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$223.01	1400 Congress Ave.	
		Ste E1 1006	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	l	, TX, officeholder living expense
		items for Nor	n Profit Auction
_	Commission ONU Wife allows	Condidate/Officeholder name	Office hald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	01/09/2024	City of Austin Utilities	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.25	P.O. Box 2267	
		Austin, TX 78783	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overhead/Nertial Expense   I	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		,	Representative Bonnen's Austin
		Apartment	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/04/2024	City of League City	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	300 W. Walker	
		League City, TX 77573	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		·	ie City 5k Entrance Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 12/25	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		<u>'</u>
	01/09/2024	City of League City		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,306.00	300 W. Walker		
		League City, TX 77573		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE			Check if Austin, TX, officeholder living expense Facilities Rental for BBQ event
				racilities Rental for BBQ event
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
١	expenditure to benefit C/OI		grit	Office Hold
H	Date	Payee name		
	01/02/2024	Clear Creek Republican Woman PAC		
_		·	do	
	Amount (\$) \$25.00	Payee address; City; State; Zip Co 2301 Meadows Blvd.	ue	
	Ψ23.00	2301 Meadows Divd.		
		Longue City TV 77572		
	DUDDOOF	League City, TX 77573	(1-)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Membership Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/22/2024	Clear Lake Area Chamber of Commerce		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$35.00	1201 E. Nasa Parkway		
		Houston, TX 77058		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Campaign Luncheon Expense
				Campaign Luncheon Expense
L	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		ອາເເ	S.IIIGO FIGUR
l				

## SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/16 Rpt: 13/25	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	1
	01/22/2024	Clear Lake Area Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1201 E. Nasa Parkway	
l			
		Houston, TX 77058	
8	PURPOSE	<u> </u>	escription
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l		S	ponsorship of Map for Epicurean Evening
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialture to beliefit C/OI	'	
	Date	Payee name	
l	01/16/2024	Copy Doctor Friendswood	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$468.70	1101 S Friendswood Dr,	
l			
l		Friendswood , TX 77546	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription
l	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l		P	rinting of Campaign Letterhead and envelopes
L	Operation ONLY if discont	Out distant 10ff and all an array of the second to	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡			
	Date	Payee name	
L	01/16/2024	Craved Creations	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.11	812 E Main St	
l			
		League City, TX 77573	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense  ampaign social refreshments
			ampaign social refreshments
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
H			

### SCHEDULE F1

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

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 14/25	Friends of Dr. Greg Bonnen 00067893
4 Date	5 Payee name
01/16/2024	Digi World Media
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,299.00	2924 Colonial Dr
	Dickinson, TX 77539
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Materials for BBQ event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/25/2024	Dollar Tree
Amount (\$)	Payee address; City; State; Zip Code
\$10.73	110 S. Friendswood Dr.
	Friendswood, TX 77546
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Supplies for BBQ event
	Supplies for BBQ event
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/24/2024	Extra Space
Amount (\$)	Payee address; City; State; Zip Code
\$465.00	2631 S. Capital Of Texas Hwy
	Austin, TX 78746
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	X Check if Austin, TX, officeholder living expense
	Rent for Representative Bonnen's Austin Storage
Complete ONII V Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 6/16 Rpt: 15/25	Friends of Dr. Greg Bonnen 00067893
4 Date	5 Payee name
01/16/2024	Galco Solutions
6 Amount (\$) \$883.00	7 Payee address; City; State; Zip Code 117 Country Lane  League City, TX 77573
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense Installation of Campaign Road Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/16/2024	Galco Solutions
Amount (\$)	Payee address; City; State; Zip Code
\$675.00	117 Country Lane
	League City, TX 77573
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Installation of Campaign Road Signs
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/24/2024	Galveston Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$60.00	908 Layfair Place
	Friendswood , TX 77546
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign Luncheon Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 16/25	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/02/2024	Garza, Sydney
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	302 Denson Dr
		Austin, TX 78752
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Labor Expense
		Labor Experies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/02/2024	Google Apps
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Google Apps for staff
		Coog. or Appe for exam
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/18/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.92	3501 Clear Lake City Blvd,
		Austin, TX 77059
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for gift basket donation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
1		
I		

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 17/25	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/03/2024	Hartin, Brigitt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5932 Gorham Glen Ln.
		Austin, TX 78739
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Labor expense
		Eubor experioe
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2024	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.58	10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bottled Water for Capital Staff
		Botalou Water for Supriar Starr
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2024	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.57	2740 Gulf Fwy S
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wrapping supplies for gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 18/25	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/10/2024	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.35	3200 South Gulf Freeway
		League City, TX 77573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Road Sign Prep Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	01/25/2024	Payee name  Joann Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.14	1529 W Bay Area Boulevard
		Webster, TX 77598
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for BBQ event
		Supplies io. BBQ stain.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	01/18/2024	LaBrisa Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	501 N. Wesley Dr.
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Campaign Luncheon Expense
		Campaign Luncheon Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 19/25	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/22/2024	Law Enforcement Alliance For Galveston County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1252 Briar Creek Dr.
		Friendswood, TX 77546
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Dinner Expense
		Campaigh Diffici Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<b>—</b>	Data	David and the second se
	Date	Payee name
	01/22/2024	Law Enforcement Alliance For Galveston County
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1252 Briar Creek Dr.
		Friendswood, TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Dinner Expense
		Campaigh Diffiel Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	01/22/2024	Men Who Cook
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	P.O. Box 869
		Seabrook, TX 77586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Campaign Dinner Expense - Seabrook Rotary
		Campaigh Diffici Expense - Seablook Notary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 20/25	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/03/2024	Montgomery, John
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1009 Arcadia Ave.
		Austin, TX 78757
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Labor Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	01/12/2024	One Stop Party Tents & Events
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.54	18217 Hwy 3
		Webster, TX 77598
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Deposit for Linen rental for BBQ event
		Deposit for Effect tental for BBQ event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	
	01/18/2024	Payee name Patriot Tees
	Amount (\$)	Payee address; City; State; Zip Code
	\$974.25	10602 FM 1764
		Santa Fe, TX 77510
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	
l	EXPENDITORE	Check if Austin, TX, officeholder living expense  Printing of Campaign Tee Shirts
	EXPENDITORE	Printing of Campaign Tee Shirts
		Printing of Campaign Tee Shirts
	Complete ONLY if direct expenditure to benefit C/Ol	Printing of Campaign Tee Shirts  Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Printing of Campaign Tee Shirts  Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Printing of Campaign Tee Shirts  Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete the	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/16 Rpt: 21/25	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	·
	01/24/2024	Patriot Tees	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$184.03	10602 FM 1764	
		Santa Fe, TX 77510	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		,	Check if Austin, TX, officeholder living expense inting of Campaign Tee Shirts
		'"	inting of Campaign ree Smits
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
_	Date	D	
	01/23/2024	Payee name  Parry's And Sons Market & Grill	
		Perry's And Sons Market & Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.58	614 S Friendswood Dr	
		Friendswood, TX 77546	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	scription
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		,	nner meeting with FISD Superintendent
			3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
_	Date	Payee name	
	01/08/2024	Picard, Fay	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$669.04	2885 Diamond Bay Dr	
		Dickinson, TX 77539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		,	Check if Austin, TX, officeholder living expense
		Re	SITIDUI SETTICITE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal S	struction Guide explains	-	s/Contract Labor	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 13/16 Rpt: 22/25	Friends of Dr. Gre	eg Bonnen			00067893	
4	Date	5 Payee name					
	01/19/2024	Red River BBQ					
6	Amount (\$) \$50.40	<ul><li>7 Payee address;</li><li>1911 E Main St, S</li></ul>	• •	Zip Code			
		League City, TX	77573				
8	PURPOSE OF		ories listed at the top of this sch	edule) (b)	Description		
	EXPENDITURE	Food/Beverage E	xpense			outside of Texas. Com , TX, officeholder living   Expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officehold	er name C	Office sought		Office he	eld
	Date	Payee name					
	01/19/2024	Saltgrass Steakh	ouse				
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$93.09	20241 Gulf Freev	<i>ı</i> ay				
		Webster, TX 775	98				
	PURPOSE OF		ories listed at the top of this sch	edule) (b)	Description	autoido of Touro Como	olate Cabadula T
	EXPENDITURE	Food/Beverage E	xpense		<u> </u>	outside of Texas. Com , TX, officeholder living	
					_	Kemah Mayor	
					_	_	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	er name C	Office sought		Office he	eld
	Date	Payee name					
	01/25/2024	Staples					
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$53.52	19335 Gulf Freev	/ay				
		Webster, TX 775	98				
	PURPOSE OF		ories listed at the top of this sch	edule) (b)	Description	autaida ef T C	plata Cabadule T
	EXPENDITURE	Office Overhead/	Rental Expense		<b></b>	outside of Texas. Com , TX, officeholder living	
					Office Supplie		- p - 1 <del>- 1</del>
					• •		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	er name C	Office sought		Office he	eld

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 23/25	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	01/22/2024	TDCJ Manufacturing and Logistics	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$441.66	P.O. Box 4013	
		Huntsville, TX 77342	
8	PURPOSE	<u> </u>	
0	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Citt/ Wards/Memorials Expense	TX, officeholder living expense
		Constitutiona	l Chair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/22/2024	TDCJ Manufacturing and Logistics	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$573.73	P.O. Box 4013	
		Huntsville, TX 77342	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Cutting Board	ls/ Tray/ Texas Flag
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/22/2024	Texas City LaMarque Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	9702 Emmett F Lowery Parkway	
		Texas City, TX 77591	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 00d/beverage Expense   L	outside of Texas. Complete Schedule T.
			TX, officeholder living expense ncheon expense
		Campaign Eu	noncon expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/16 Rpt: 24/25	Friends of Dr. Greg Bonnen	00067893
4 Date	5 Payee name	
01/25/2024	Texas Lighthouse Charities	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode .
\$1,286.55	6918 Broadway Street	
	Galveston, TX 77554	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
LXI ENDITORE		Compaign Dinner Typenese
		Campaign Dinner Expense
9 Complete ONLY if direct	Condidate/Officeholder name Office cou	ght Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou OH	grit Onice neid
Data	T -	
Date 01/16/2024	Payee name The Sign Shop	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,894.38	306 Hwy 3 No.	
	League City, TX 77573	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Printing of Campaign Road Signs
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/C	'H	
Date	Payee name	
01/12/2024	Third Coast Bank	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$5.00	1850 Pearland Pkwy	
	Pearland, TX 77581	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Wire Transfer Fee
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ight Office held
experientare to benefit 6/6	•	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee	Gift/Awards/l Legal Servic	age Expense Memorials Expense es uction Guide expla	Printino Salarie		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FII FR NAM	F					3	Filer ID	(Ethics Commission Filers)
	Sch: 16/16 Rpt: 25/25	-	Friends of		Bonnen					00067893	(
4	Date	5	Payee name						<u> </u>		
	01/11/2024		Tyra, Richa								
6	Amount (\$)	7	Payee addre	ess; Cit	ty; St	ate; Zip	Code				
	\$140.00		Hwy 2004			•					
			Santa Fe,	TX 77510							
8	PURPOSE	(a)	Category (	See Categories	s listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Food/Beve	erage Expe	ense			_		ide of Texas. Comp	
								_		, officeholder living	Citizen Appreciation
								Campaign		ci experise	Citizen Appreciation
9	Complete ONLY if direct	<u> </u>	Candidate/Of	ficabaldar r	2200	Office s	ought			Office he	ald.
٦	expenditure to benefit C/OI		Sandidate/Of	iliceriolaer i	iame	Office 3	ougni			Office fie	au