# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	e this form.	1 Filer ID (Ethics Commi 00080128		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable E	Ernest J.			Date Received	
I WWE					ELECTRONICA	ULV EILED
						ALLY FILED
	NICKNAME L	.AST		SUFFIX	02/05/2024	
	E	Bailes		IV		
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	P.O. Box 1232	·				
MAILING ADDRESS					Receipt #	Amount
	Charles at TV 77074					
Change of Address	Shepherd, TX 77371				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER NAME	Mr. E	rnest J.				
INAIVIE						
	NICKNAME L	 AST		SUFFIX		
		ailes		IV		
		alics		IV		
2 0445464	OTDEET 4 DDDEGG (NO DG D	D) ( D) = 4 O = )		- / OLUTE // OLTY	074	TE 710.000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO	OX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	1020 Bailes Dairy Rd.					
(Residence or Business)						
(rissidence of Edemose)	Shepherd, TX 77371					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(936) 628-6280					
8 REPORT						
TYPE	January 15 X	30th day before	election	Runoff	15th day after can appointment (office	
	July 15	8th day before e	election $\square$	Exceeded modified	Final Report (Atta	
		our day before e	election	reporting limit	Final Report (Atta	CII C/OH-FR)
<b>a</b> DEDIOD	Manth Davi Van			Manual Davi		
9 PERIOD COVERED	Month Day Year	T. I	DOLIGIA	Month Day	Year	
	01/01/2024	IH	ROUGH	01/25/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distric	t 18		State Represent		
	State Representative Bistine	. 10		Ctato Represent	auvo Biotriot 10	
		GO T	O PAGE 2			
I						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Bailes IV, Ernest J. (	The Honorable)		14 Filer ID 00080128	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	ccepted or political expenditu ay have been made without i ired to report this information	the candidate's or offic	ceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRE	SS			
	SPECIFIC					
		COMMITTEE CAMPA	NIGN TREASURER NAME			
		COMMITTEE CAMPA	NIGN TREASURER ADDRES	SS		
					-	
16 CONTRIBUTION TOTALS			TRIBUTIONS (OTHER THA ONTRIBUTIONS MADE ELE		<b>\$</b>	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OF	R GUARANTEES OF LOANS	5)	\$	118,909.83
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPE	ENDITURES		\$	3,027.25
	4. TOTAL POLITIC	AL EXPENDITURES			\$	80,987.25
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE L	AST DAY OF THE	\$	122,456.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true	wear, or affirm, under penalty e and correct and includes a der Title 15, Election Code.			
			The Hener	able Ernest J. Baile	oc IV	
		_		Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE	3			
Sworn to and subse	crihed hefore me hy the s	aid		this the		day
	, 20, to co			, uns me		uay
Signature of office	cer administering	Printed name of o	officer administering	Title of office	er administe	ring oath

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

## FORM C/OH COVER SHEET PG 3

				JVE	3 of 22
	ER NAM	<b>19</b> Filer ID 00080128	(Ethi	cs Commission Filers)	
	HEDUL ME OF			SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	77,650.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	41,259.83
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	80,987.25
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/22
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080128
4	Date 01/03/2024	5 Full name of contributor out-of-state PAC (ID#:) Allen Boone Humphries Robinson LLP  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,500.00	
_	Deignaignal	Houston, TX 77027	10	Franksian (Cookastiana		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)	
	Date 01/09/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Business Owner Magnolia Creek Timb				LL	С
	Date 01/23/2024	Full name of contributor	(ID#:	)		Amount of Contribution (\$) \$200.00
		New Caney, TX 77357			Ĺ	
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)	
	Date 01/24/2024	Full name of contributor out-of-state PAC ( Bortens, Robert  Contributor address; City; State; Zip Code  Southern Pines, SC 28387		)		Amount of Contribution (\$) \$50.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Classical Conversations		
	Date 01/19/2024	Full name of contributor out-of-state PAC Charles Butt Public Education PAC Contributor address; City; State; Zip Code San Antonio, TX 78209	(ID#:			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/22
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080128
4	Date 01/19/2024	<ul> <li>Full name of contributor</li></ul>	÷)	7	Amount of Contribution (\$) \$50.00
8	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	9 Employer (See Instructions	·,	
	- Fillicipai occu	pation / 300 title (See Instructions)	2 Employer (See instructions	·)	
	Date Full name of contributor out-of-state PAC (ID#:)  01/23/2024 Dade Phelan Campaign  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$30,000.00
	Principal occu	Austin, TX 78763 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID# EYE PAC of the Texas Ophtalmological Asssociation Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID# Herring, Debra  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
	Principal occu Business Ov	Alvin, TX 77511 pation / Job title (See Instructions) vner	Employer (See Instructions H 2 H Whitetails LLC	<u> </u> ;)	
	Date  Full name of contributor out-of-state PAC (ID#:)  01/03/2024    Lloyd Gosselink Rochelle & Townsend, PC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
			1		

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/22
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080128
4	Date 01/03/2024	<ul> <li>Full name of contributor</li></ul>	C00225342 )	7 Amount of Contribution (\$) \$500.00
8	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)	9 Employer (See Instructions	)
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_Moore, Crystal  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$500.00
	Principal occu Business Ov	Splendora, TX 77372  pation / Job title (See Instructions)  /ner	Employer (See Instructions Moore Texas Air Mecha	
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch Associated General Con Contributor address; City; State; Zip Code	tractors PAC	Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	
	Date 01/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau Friends Of Agriculture Fund Contributor address; City; State; Zip Code  Waco, TX 76702-2689	i (AGFUND)	Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_ Vocational Agriculture Teachers Association of Contributor address; City; State; Zip Code  Austin, TX 78701	Texas PAC	Amount of Contribution (\$) \$350.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	

6 Contributor address; City; State; Zip Code  Cleveland, TX 77327  8 Principal occupation / Job title (See Instructions) Business Owner  Date  Full name of contributor out-of-state PAC (ID#:)  Amount of Contribution (\$)		MONET	ARY POLITICAL CONTRIBUTION	ONS			SCHEDUI	_E <b>A1</b>
Bailes IV, Ermest J. (The Honorable)  4 Date		The Instru	ction Guide explains how to complete this f	orm.	1			
01/02/2024 Yeager, Dayne \$2,500.00  Cleveland, TX 77327  8 Principal occupation / Job title (See Instructions) Business Owner  Date 01/03/2024 Yerger, Linda Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Ridgeland , MO 39157  Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,500.00	2				3		cs Commissio	on Filers)
8 Principal occupation / Job title (See Instructions) Business Owner  Date O1/03/2024 Yerger, Linda Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Ridgeland, MO 39157  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)	4		Yeager, Dayne		7	Amount of Con	tribution (\$)	\$2,500.00
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)	8	Principal occu	1	9 Employer (See Instructions	<u> </u> s)			
01/03/2024 Yerger, Linda \$2,500.00 Contributor address; City; State; Zip Code  Ridgeland , MO 39157  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Business Ov	vner	DBA Diamond Y Supply	,			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Date Full name of contributor out-of-state PAC (ID#:)  01/03/2024 Yerger, Linda				Amount of Con	tribution (\$)	\$2,500.00
retired retired					<u> </u> s)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 8/22				
2 FILER NAME Bailes IV, E	rnest J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080128				
4	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 01/25/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	nd	8 Amount of contribution (\$) In-kind contribution description \$4,000.00 In-kind campaign expenditure: Opposition research  Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	. —				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 01/18/2024	Full name of contributor out-of-state PAC (ID#: Charles Butt Public Education PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description  \$12,237.36   Campaign mail				
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					
Date 01/18/2024	Full name of contributor out-of-state PAC (ID#: Charles Butt Public Education PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description  \$12,550.00   Campaign mail				
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	J-JUDICIAL) (See instructions)				
Contributor's	Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•					

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 9/22 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bailes IV, Ernest J. (The Honorable) 00080128 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/23/2024 Charles Butt Public Education PAC \$12,472.47 | Campaign mail 7 Contributor address; City; State; Zip Code San Antonio, TX 78209 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	mmittee	Legal Se		·		/ages	/Contract Labor		Travel Out of OTHER (ente		ict ategory not listed above)
L					struction Gu	ide explains	how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ξ _						3	Filer ID		(Ethics Commission Filers)
	Sch: 1/13 Rpt: 10/22		Bailes IV, E	rnest J	J. (The Ho	onorable)					0008012	8	
4	Date	5	Payee name										
L	01/10/2024		A Silver Lin	ing									
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de					
	\$2,338.20		2559 North	Main S	Street								
			Liberty										
			TX, TX 775	75									
8	PURPOSE	(2)						(h)	Description				
	OF	ر <sup>م</sup> )	Category (See			ne top of this sch	nedule)	(5)	_ `	outsi	ide of Texas. C	lamo	ete Schedule T.
	EXPENDITURE	1	Auvernonig	Lyhen	i3C				Check if Austin				
									Campaign sig	gn (	expense		
9	Complete ONLY if direct		Candidate/Offi	ceholde	er name	(	Office sou	ght			Office	hel	d
	expenditure to benefit C/OI	H											
	Date		Payee name										
	01/19/2024		Amazon Ma	arketpla	ace								
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de					
	\$15.14		PO Box 812	226									
			Seattle, WA	98108	3		_						
	PURPOSE OF	(a)	Category (Se				nedule)	(b)	Description				
	EXPENDITURE		Office Over	head/F	Rental Exp	ense			<b>=</b>				ete Schedule T.
									Check if Austin			virig 6	expense
									albuildt Office	ر. ا	JU1130		
_	Complete ONLY if direct	<u></u>	Candidate/Offi	ceholde	er name	•	Office sou	aht			Office	hel	h
	expenditure to benefit C/O		Janualu/OIII	conduct	J. Hailie	`	Jinoc Sou	Air			Onice	1101	<b>u</b>
$\vdash$	Date	Г	Doves non-										
	Date		Payee name	rkotok	200								
	01/17/2024		Amazon Ma	-									
	Amount (\$)		Payee addre		City;	State	; Zip Co	de					
	\$29.99		PO Box 812	226									
L			Seattle, WA	98108	3					_			
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/F	Rental Exp	ense			브				ete Schedule T.
									Office oxpone		, otticeholder liv	ving e	expense
									Office expens	se			
	Complete ONLY if direct	Ļ	Candidate/Offi	caholda	ar namo		Office sou	aht			Office	hol	d
	expenditure to benefit C/O		Janunuate/OM	CEHOIDE	ei name	(	Unice Sou	yııl			Onice	nel	u
_													

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/13 Rpt: 11/22 Bailes IV, Ernest J. (The Honorable) 00080128 4 Date Payee name 01/17/2024 Amazon Marketplace 6 Amount (\$) Payee address; City; State; Zip Code \$32.12 PO Box 81226 Seattle, WA 98108 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/17/2024 Amazon Marketplace Amount (\$) Payee address; City; State; Zip Code \$125.46 PO Box 81226 Seattle, WA 98108 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/16/2024 Amazon Marketplace Amount (\$) Payee address: City; State; Zip Code \$19.26 PO Box 81226 Seattle, WA 98108 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/13 Rpt: 12/22	2 FILER NAME Bailes IV, Ernest J. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080128
4	Date 01/10/2024	5 Payee name Amazon Marketplace
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code PO Box 81226
		Seattle, WA 98108
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  Campaign event expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/03/2024	Payee name Amazon Marketplace
	Amount (\$) \$163.42	Payee address; City; State; Zip Code PO Box 81226
		Seattle, WA 98108
	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  Campaign event expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/03/2024	Payee name Amazon Marketplace
	Amount (\$) \$246.58	Payee address; City; State; Zip Code PO Box 81226
		Seattle, WA 98108
	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  Campaign event expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/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: 4/13 Rpt: 13/22	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	01/08/2024	Campaign Sidekick
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1550 Old Annetta
		Aledo , TX 76008
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign subscription expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/19/2024	Capitol Gift Shop
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$117.99	1400 Congress Ave E1.006
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/09/2024	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	1400 Congress Ave E1.006
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation item expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

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

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	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: 5/13 Rpt: 14/22	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	01/01/2024	Cotten, Melanie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	PO Box 66
		Thicket, TX 77374
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 travel outside of Texas. Complete Schedule T.
		Contract wage expense
		Contract wage expense
_	Complete ONLY if direct	Constitute / Office helder mores Office accords
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2024	Cotten, Melanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,400.00	PO Box 66
		Thicket, TX 77374
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Wage Expense
		Contrast Wage Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>G</b>
H		
	Date	Payee name
	01/11/2024	Dayton Volunteer Fire Department
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	106 S. Church Street
L		Dayton, TX 77535
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation expense
_	Operation ONE V. C. P.	On this to 10 ff a shall be marked.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		OTHER (enter a	a category not listed above)		
1	Total pages Schedule F1:		13	Filer ID	(Ethics Commission Filers	)	
-	Sch: 6/13 Rpt: 15/22	Bailes IV, Ernest J. (The Honorable)	ľ	00080128	(24.100 00.11.1100.01.1 110.0	,	
_	Date						
4	01/22/2024	5 Payee name Dollar General					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$242.72	705 TX-150 E					
		Coldspring, TX 77331					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF		el out	side of Texas. Com	plete Schedule T.		
	EXPENDITURE			X, officeholder living	g expense		
		District office	e e	xpense			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld		
	experialiture to benefit 6/01	1					
	Date	Payee name					
	01/12/2024	Good Promotions					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$25.00	803 East Houston					
		Cleveland, TX 77327					
	PURPOSE						
	OF	(a) Category (see Categories listed at the top of this schedule)  (b) Description  Contributions (Possitions Made Pro	el out	side of Texas. Com	nnlete Schedule T		
	EXPENDITURE	Continuations/Donations Made by	Check if Austin, TX, officeholder living expense				
		expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld		
	expenditure to benefit C/OI	4					
	Date	Payee name					
	01/05/2024	Good Promotions					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$21.97	803 East Houston					
	ΦΖ1.91	003 East Houston					
		Cleveland, TX 77327					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Contributions/Donations Made by		side of Texas. Com			
		Candidate/Officeholder/Political Committee		X, officeholder living	g expense		
		Donation	√h <u>e</u> i	136			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	old		
	Complete ONLY if direct expenditure to benefit C/OI	•		Office h	ciu		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica							
	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 7/13 Rpt: 16/22	Bailes IV, Ernest J. (The Honorable) 00080128						
4	Date	5 Payee name						
	01/03/2024	Good Promotions						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$216.50	803 East Houston						
		Cleveland, TX 77327						
8	PURPOSE							
Ū	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Candidate/Officeholder/Political Committee						
		Donation expense						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	experioritire to berieff C/O							
	Date	Payee name						
	01/03/2024	Hooper, Reagan						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,000.00	6500 Champion Grandview Way						
		#27107						
		Austin, TX 78750						
	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						
		Contract wage expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol	· ·						
	Date	Dayso nama						
	01/22/2024	Payee name Hughes , Kaycee						
	Amount (\$)							
	\$200.00	Payee address; City; State; Zip Code PO Box 20						
	Ψ200.00	1 0 80% 20						
		Thicket TV 77274						
	DUDD005	Thicket, TX 77374						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry						
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Donation in honor of family member (for Konnar						
		Cotten)						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol	<u> </u>						

#### 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 complete the	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/13 Rpt: 17/22	Bailes IV, Ernest J. (The Honorable)	00080128
4	Date	5 Payee name	-
	01/23/2024	Identity Link	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$285.90	6211 W Howard St	
		Niles, IL 60714	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	L	Check if Austin, TX, officeholder living expense
			ffice overhead subscription expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Davies warms	
	01/22/2024	Payee name Jersey Mikes	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$246.66	21690 US-59 Suite 200,	
	Ψ240.00	21030 03-33 Julie 200,	
		New Caney, TX 77357	
	PURPOSE	-	a contrast a se
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	escription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fo	ood for event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	<u> </u>	
	Date	Payee name	
	01/04/2024	LJ Chachere Memorial Scholarship	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	3829 FM 1960	
		Dayton, TX 77535	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
			onation expense
	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 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		Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILED NAM	 E				3	Filer ID	(Ethics Commission	n Filers)	
-	Sch: 9/13 Rpt: 18/22		– Ernest J. (The Honora	hle)				00080128	(Ethics Commission	on i licioj	
			<u> </u>					00000120			
4	Date	5 Payee name	•								
	01/01/2024	McGee, Ka	ıthryn								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de						
	\$2,000.00	5325 West	ern Hills Drive								
		Austin, TX	70721								
8	PURPOSE OF		See Categories listed at the top o		(b)	Description					
	EXPENDITURE	Office Ove	rhead/Rental Expense	)					plete Schedule T.		
						Capitol aparti		, officeholder living			
						Capitol aparti	IIIC	iii ieiii expe	1130		
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ght			Office he	eld		
	experialitate to benefit 6/01	•									
	Date	Payee name	)								
	01/02/2024	McGee, Ka	ıthryn								
	Amount (\$)	Payee addre	ess; City;	State: Zip Co	de						
	\$9,800.00	,	ern Hills Drive	, ,							
	Ψ5,000.00	0020 West	CITT TIMO DITVO								
		A TV	70704								
		Austin, TX	78731								
	PURPOSE	(a) Category (S	See Categories listed at the top o	f this schedule)	(b)	Description					
	OF EXPENDITURE	Office Ove	rhead/Rental Expense	)		=			plete Schedule T.		
Check if Austin, TX, officeholder  Capitol Apartment rent e									prior		
Capitol Apar							ше	пі тепі ехре	rise (reissue or	μποι	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office he	eld		
	experientare to benefit eyer	•									
	Date	Payee name	<b>!</b>								
	01/03/2024	Norfleet St	rategies, LLC								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de						
	\$4,000.00	504 W. 12t	•								
	+ 1,000.00										
		Accession TV	70704								
		Austin, TX	78701								
	PURPOSE OF	(a) Category (s	See Categories listed at the top o	f this schedule)	(b)	Description					
	EXPENDITURE	Consulting	Expense						plete Schedule T.		
								, officeholder living	g expense		
						Consulting ex	rhe	:IIS <del>C</del>			
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ght			Office he	eld		
	experiorare to belieff C/Of										
								-			

#### SCHEDULE F1

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 10/13 Rpt: 19/22	Bailes IV, Ernest J. (The Honorable) 00080128
4 Date	5 Payee name
01/02/2024	Norfleet Strategies, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8,538.25	504 W. 12th Street
	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Design and Placement of Digital Campaign
	Advertisements
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/05/2024	Norfleet Strategies, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	504 W. 12th Street
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Compaign consulting expense
	Campaign consulting expense
Commission ONII V if disposi	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name
01/04/2024	Norfleet Strategies, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$3,077.34	504 W. 12th Street
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Design and Production of Campaign Signs
Computer ONE VIII I	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 11/13 Rpt: 20/22	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	01/18/2024	Push Digital, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21,611.75	342 E Bay Street
		Charleston, SC 29401
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
		Design and Placement of Digital Campaign
		Advertisements
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2024	San Jacinto County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	201 Hwy 150
		Coldspring, TX 77331
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/19/2024	Shepherd Methodist Youth
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	71 W 3rd St.
		Shepherd , TX 77371
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		donation 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)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 12/13 Rpt: 21/22	Bailes IV, Ernest J. (The Honorable) 00080128						
4	Date	5 Payee name						
	01/11/2024	Targeted Creative Communications						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,130.00	106 South Columbus St						
		Alexandria, VA 22314						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Design and Production of Campaign Materials						
		Design and Household of Campaign Waterials						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
L	experialiture to benefit C/O							
	Date	Payee name						
	01/11/2024	Targeted Creative Communications						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$11,664.03	106 South Columbus St						
		Alexandria, VA 22314						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Design, Postage and Production for Campaign						
		Mailers						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O							
F	Date	Payee name						
	01/08/2024	Texas Department of Criminal Justice						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$405.94	861 IH45 South						
		Huntsville, TX 77320						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
		Candidate/Officeholder/Political Committee						
		Event donation tems expense						
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						
$\vdash$								
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#### 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		mmittee	Legal Services	morials Expense	Print Sala		e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAM			1->			3	Filer ID	(Ethics Commission I	-ilers)
	Sch: 13/13 Rpt: 22/22				he Honorab	le)				00080128		
4	Date 01/17/2024	5	Payee name Wix									
6	Amount (\$)	7	Payee addre	ess; City	; 5	State; Zip	Code					
	\$285.78		500 Terry	A Francois I	Boulevard Si	ixth Floor						
			San Franci	sco , TX 94	158							
8	PURPOSE OF EXPENDITURE	(a)		See Categories li rhead/Rent	sted at the top of th al Expense	nis schedule)	(b)	_	tin, TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Of	ficeholder na	me	Office	sought			Office h	eld	