

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|---|---|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00068491 | 2 Total pages filed: 31 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Tom | MI | OFFICE USE ONLY |
| | NICKNAME | LAST Glass | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 720 McDade, TX 78650-0720 | | ZIP CODE | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # |
| | | | | Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Paul | MI | |
| | NICKNAME | LAST Johnson | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 130 Marcus Rd. McDade, TX 78650 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (512) | 698-6827 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH |
| | 01 | 01 | 2024 | 01/25/2024 |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special |
| | 03 | 05 | 2024 | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) State Representative District 17 | |
| | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 31

13 C / OH NAME Glass, Tom (Mr.) **14 Filer ID** (Ethics Commission Filers)
00068491

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 29,568.91 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 30,742.37 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 47,875.48 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 15,000.00 |

17 AFFIDAVIT

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

Mr. Tom Glass

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

| | | | |
|--|---|--------------------------------|----------------------------|
| 18 FILER NAME Glass, Tom (Mr.) | | 19 Filer ID 00068491 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT | |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 29,568.91 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 30,742.37 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/20 Rpt: 4/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adema, Marcia <hr/> 6 Contributor address; City; State; Zip Code Santee, CA 92072 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) N/A | | 9 Employer (See Instructions) N/A |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Victoria <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) owner | | Employer (See Instructions) Self |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Donald <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Retired Builder | | Employer (See Instructions) Barron Homes, Inc. |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Sue <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) NA |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bezner, Justin <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Risk Management | | Employer (See Instructions) PHMIC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/20 Rpt: 5/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bianconi, Joann <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) None |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browder, William <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruno, Julian <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Medical Manufacturing | | Employer (See Instructions) Lifestream Purification LLC |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Dale <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Career Counselor | | Employer (See Instructions) Community Action |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Busche, Jenny <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957 | Amount of Contribution (\$) \$80.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/20 Rpt: 6/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlisle, Glenn <hr/> 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) none |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlisle, Susan <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) N/A |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, David <hr/> Contributor address; City; State; Zip Code Temple, TX 76504 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) USAF (retired) | | Employer (See Instructions) Retired |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, David <hr/> Contributor address; City; State; Zip Code Temple, TX 76504 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) USAF (retired) | | Employer (See Instructions) Retired |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Debra <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/20 Rpt: 7/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caso, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retire |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceplecha, Isabella <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Robert <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 01/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Robert <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 01/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Robert <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/20 Rpt: 8/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devine, Gaylyn <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581 | 7 Amount of Contribution (\$) \$18.36 |
| 8 Principal occupation / Job title (See Instructions) Entrepreneur | | 9 Employer (See Instructions) DeVine Promotions |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickson, Michael <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Forman | | Employer (See Instructions) Texas Classics Custom Home |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Druck, H Daniel <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Builder | | Employer (See Instructions) Self |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, James <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Office Manager | | Employer (See Instructions) Lauderdale Aerial Spraying LLC |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E Blair, Susan <hr/> Contributor address; City; State; Zip Code Luling, TX 78648 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/20 Rpt: 9/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Seth | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code Caldwell, TX 77836 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) Self |
| Date 01/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Jill | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Lake Jackson, TX 77566 | | |
| Principal occupation / Job title (See Instructions) Merchant marine | | Employer (See Instructions) ClS |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardella, Braedon | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Smithville, TX 78957 | | |
| Principal occupation / Job title (See Instructions) Runner / Student | | Employer (See Instructions) Bollier Ciccone LLP |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, H Martin | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Bastrop, TX 78602 | | |
| Principal occupation / Job title (See Instructions) Oil & Gas Attorney | | Employer (See Instructions) Self-employed |
| Date 01/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, David | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Elgin, TX 78621 | | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/20 Rpt: 10/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Joe <hr/> 6 Contributor address; City; State; Zip Code Lincoln, TX 78948 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gremont, Lindsey <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Self |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Paul <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardage, Charles <hr/> Contributor address; City; State; Zip Code Dale, TX 78616 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) examiner | | Employer (See Instructions) Texas Department of Banking |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrod, Steve <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/20 Rpt: 11/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewer, Gary <hr/> 6 Contributor address; City; State; Zip Code Lexington, TX 78947 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) N/A | | 9 Employer (See Instructions) N/A |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) House, George <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huggins, Shannon <hr/> Contributor address; City; State; Zip Code Snook, TX 77878 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Farmer | | Employer (See Instructions) Self employed |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt Jr., James <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) Retired |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Carol <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/20 Rpt: 12/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaeger, Jim <hr/> 6 Contributor address; City; State; Zip Code Giddings, TX 78942 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Manager | | 9 Employer (See Instructions) Shoppa's Farm Supply |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Edward <hr/> Contributor address; City; State; Zip Code Giddings, TX 78942 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) None | | Employer (See Instructions) Retired |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Mike <hr/> Contributor address; City; State; Zip Code McDade, TX 78650 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Rick <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644 | Amount of Contribution (\$) \$550.00 |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) Self |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Brent <hr/> Contributor address; City; State; Zip Code Buda, TX 78610 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Truck driver | | Employer (See Instructions) N/A |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/20 Rpt: 13/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsay, Doug <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) none |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Jeff <hr/> Contributor address; City; State; Zip Code Giddings, TX 78942 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Financial Advisor & Consultant | | Employer (See Instructions) Great West Services |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinschmidt, Tim <hr/> Contributor address; City; State; Zip Code Giddings, TX 78947 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Donalyn <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/20 Rpt: 14/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Donald 6 Contributor address; City; State; Zip Code Bastrop, TX 78602 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) RETIRED | | 9 Employer (See Instructions) N/A |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Donald Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) N/A |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Donald Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) N/A |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Donald Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$555.55 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) N/A |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahfouz, Michelle Contributor address; City; State; Zip Code Caldwell, TX 77836 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) HR | | Employer (See Instructions) Non-Ferrous |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/20 Rpt: 15/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahfouz, Michelle | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Caldwell, TX 77836 | | |
| 8 Principal occupation / Job title (See Instructions) HR | | 9 Employer (See Instructions) Non-Ferrous |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Adrian | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Luling, TX 78648 | | |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) None |
| Date 01/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78249 | | |
| Principal occupation / Job title (See Instructions) best efforts | | Employer (See Instructions) best efforts |
| Date 01/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Michael | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Giddings, TX 78942 | | |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Morgan Petroleum Testers, Inc |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Jim | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Smithville, TX 78957 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/20 Rpt: 16/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Jim | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Smithville, TX 78957 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps, Stephanie | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Smithville, TX 78957 | |
| Principal occupation / Job title (See Instructions) Purchasing Agent | | Employer (See Instructions) Dynamic Systems USA |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainosek Jr., Frank | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Bastrop, TX 78602 | |
| Principal occupation / Job title (See Instructions) Broker Associate | | Employer (See Instructions) RE/MAX Bastrop Area |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rampy, Janice | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Bastrop, TX 78602 | |
| Principal occupation / Job title (See Instructions) Bookkeeper | | Employer (See Instructions) Centex Mechanical, Inc |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees II, Carl | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/20 Rpt: 17/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes II, William | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Lexington, TX 78947 | | |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) Self |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes II, William | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Lexington, TX 78947 | | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Self |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, James | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Bastrop, TX 78602 | | |
| Principal occupation / Job title (See Instructions) Nurse (Ret.) | | Employer (See Instructions) N/A |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Tom | Amount of Contribution (\$) \$150.00 |
| Contributor address; City; State; Zip Code Dale, TX 78616 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Self |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Tom | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Dale, TX 78616 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/20 Rpt: 18/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rising, Greg <hr/> 6 Contributor address; City; State; Zip Code Ingram, TX 78025 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) N/A |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Ken <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robins, Rich <hr/> Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) watchdog | | Employer (See Instructions) self-employed |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Belinda <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Tech II | | Employer (See Instructions) Yerico MFG |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland, Rodney <hr/> Contributor address; City; State; Zip Code Dale, TX 78616 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Electrical engineer | | Employer (See Instructions) Ambiq Micro |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/20 Rpt: 19/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirk, Lynn <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Real estate appraiser | | 9 Employer (See Instructions) JTL Appraisals TX |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Jacki <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Realtor |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegeler, Michael <hr/> Contributor address; City; State; Zip Code Giddings, TX 78942 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Mac <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Merchandizer | | Employer (See Instructions) Advantage Solutions |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Sandra <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) N/A |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/20 Rpt: 20/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell, Larry <hr/> 6 Contributor address; City; State; Zip Code Lexington, TX 78947 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) N/A | | 9 Employer (See Instructions) retired |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dawn <hr/> Contributor address; City; State; Zip Code Rosanky, TX 78953 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) kennel owner | | Employer (See Instructions) self |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, James <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Unemployed |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomasi, Rhonda <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) N/A |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/20 Rpt: 21/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Mark | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Bastrop, TX 78602 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Self |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Shann | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Lexington, TX 78947 | | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Dell |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Shann | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Lexington, TX 78947 | | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Dell |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wareham, Andrew | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Smithville, TX 78957 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Self |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wareham, Terry | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code Smithville, TX 78957 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Self employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/20 Rpt: 22/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Duane <hr/> 6 Contributor address; City; State; Zip Code Elgin, TX 78621 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) N/A | | 9 Employer (See Instructions) N/A |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wietecha, Alexander <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$1,900.00 |
| Principal occupation / Job title (See Instructions) Owner / Arborist | | Employer (See Instructions) Self-Employed |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wietecha, Alexander <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Owner / Arborist | | Employer (See Instructions) Self-Employed |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will, Tom <hr/> Contributor address; City; State; Zip Code Luling, TX 78648 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Constable | | Employer (See Instructions) Caldwell County |
| Date 01/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Martha Jane <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) N/A |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/20 Rpt: 23/31 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Shari <hr/> 6 Contributor address; City; State; Zip Code Paige, TX 78659 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) NA | | 9 Employer (See Instructions) NA |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Clayton <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382 | Amount of Contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) HCA |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Virginia <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382 | Amount of Contribution (\$) \$575.00 |
| Principal occupation / Job title (See Instructions) Tutor | | Employer (See Instructions) Self |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 1/8 Rpt: 24/31 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/23/2024 | 5 Payee name Bastrop Copier | |
| 6 Amount (\$) \$438.41 | 7 Payee address; City; State; Zip Code 1002 Main St Bastrop, TX 78602 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Circular printing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/17/2024 | Payee name Burlison County Tribune | |
| Amount (\$) \$102.00 | Payee address; City; State; Zip Code 306 W Hwy 21 Caldwell, TX 77836 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/17/2024 | Payee name Cameron Herald | |
| Amount (\$) \$106.50 | Payee address; City; State; Zip Code 108 E 1st St Cameron, TX 76520 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/8 Rpt: 25/31 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/16/2024 | 5 Payee name Elgin Courier | |
| 6 Amount (\$) \$78.00 | 7 Payee address; City; State; Zip Code 105 N Main Elgin, TX 78621 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/23/2024 | Payee name Film Alley | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 1600 Chestnut St Bastrop, TX 78602 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Deposit |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/24/2024 | Payee name Film Alley | |
| Amount (\$) \$3,226.69 | Payee address; City; State; Zip Code 1600 Chestnut St Bastrop, TX 78602 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue and Food |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 3/8 Rpt: 26/31 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/18/2024 | 5 Payee name Lockhart Post-Register | |
| 6 Amount (\$) \$120.00 | 7 Payee address; City; State; Zip Code 111 S Church St Lockhart, TX 78644 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/24/2024 | Payee name Lockhart Post-Register | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 111 S Church St Lockhart, TX 78644 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/18/2024 | Payee name Luling Newsboy & Signal | |
| Amount (\$) \$74.00 | Payee address; City; State; Zip Code 415 E Davis St Luling, TX 78648 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/8 Rpt: 27/31 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
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| 4 Date 01/03/2024 | 5 Payee name Mailchimp |
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| 6 Amount (\$) \$13.70 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Ste 5000 Atlanta, GA 30308 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service |
|---------------------------------|--|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/11/2024 | Payee name Nationbuilder |
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| Amount (\$) \$69.00 | Payee address; City; State; Zip Code 520 S. Grand Ave 2nd Floor Los Angeles, CA 90071 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/12/2024 | Payee name Neel and Partners |
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| Amount (\$) \$16,576.77 | Payee address; City; State; Zip Code 1232 Cavender Dr 116 Hurst, TX 76053 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 5/8 Rpt: 28/31 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/12/2024 | 5 Payee name Neel and Partners | |
| 6 Amount (\$) \$1,549.47 | 7 Payee address; City; State; Zip Code 1232 Cavender Dr 116 Hurst, TX 76053 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed circulars and digital ads |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/23/2024 | Payee name Neel and Partners | |
| Amount (\$) \$1,781.92 | Payee address; City; State; Zip Code 1232 Cavender Dr 116 Hurst, TX 76053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event promotion |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/04/2024 | Payee name Neel and Partners | |
| Amount (\$) \$2,400.00 | Payee address; City; State; Zip Code 1232 Cavender Dr 116 Hurst, TX 76053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 6/8 Rpt: 29/31 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
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| 4 Date 01/09/2024 | 5 Payee name Preuss Printing |
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| 6 Amount (\$) \$372.05 | 7 Payee address; City; State; Zip Code 170 N Knox Ave Giddings, TX 78942 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/16/2024 | Payee name Preuss Printing |
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| Amount (\$) \$136.50 | Payee address; City; State; Zip Code 170 N Knox Ave Giddings, TX 78942 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/25/2024 | Payee name Prosperity Bank |
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| Amount (\$) \$7.50 | Payee address; City; State; Zip Code 499 Hwy 71 W Bastrop, TX 78602 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Incoming wire fee |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 7/8 Rpt: 30/31 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/18/2024 | 5 Payee name Reba's | |
| 6 Amount (\$) \$251.77 | 7 Payee address; City; State; Zip Code 185 W Austin St Giddings, TX 78942 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/16/2024 | Payee name Rockale Reporter | |
| Amount (\$) \$69.30 | Payee address; City; State; Zip Code 221 E Cameron Ave Rockdale, TX 76567 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/25/2024 | Payee name Stripe | |
| Amount (\$) \$232.79 | Payee address; City; State; Zip Code 3180 18th St San Francisco, CA 94110 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 8/8 Rpt: 31/31 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/22/2024 | 5 Payee name TCOM Enterprises LLC | |
| 6 Amount (\$) \$267.50 | 7 Payee address; City; State; Zip Code PO Box 547 Lexington, TX 78947 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/18/2024 | Payee name TCOM Enterprises LLC | |
| Amount (\$) \$68.50 | Payee address; City; State; Zip Code PO Box 547 Lexington, TX 78947 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/08/2024 | Payee name i360 | |
| Amount (\$) \$2,400.00 | Payee address; City; State; Zip Code 2300 Clarendon Blvd Ste 800 Arlington, VA 22201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Block walking software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walking software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |