CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00035962		2 Total pages fi 1	led: 21
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Robert Lee			Date Received	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	··· 07/15/2024	
		Nichols				
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 2347				Receipt #	Amount
Change of Address	Jacksonville, TX 75766					
	Sacksonville, 17, 75700				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Marcia				
	NIO(A) A A A E			OUEEN		
		LAST		SUFFIX		
		Daughtrey				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; ST/	ATE; ZIP CODE
TREASURER ADDRESS	6713 Hollytree Cr.					
(Residence or Business)	Tyler, TX 75703					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(903) 586-0637					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer
	X July 15	8th day before 6	election \square	Exceeded modified	Final Report (Atta	
				reporting limit	- Indirection (vital	
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pı	rimary	Runoff	Other	
	03/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Senator District 3			State Senator D	istrict 3	
	1			I		
		GO Т	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	3 C / OH NAME Nichols, Robert Lee (The Honorable) 14 Filer ID (Ethics Commi 00035962						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or These expenditures may have be I officeholders are required to rep	en made without the	e candidate's or offic	eholder's k	nowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREA	ASURER NAME				
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	3			
16 CONTRIBUTION TOTALS	PLEDGES, LOANS, TRONICALLY)	\$	0.00				
		\$	244,823.76				
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						4,044.55	
	4. TOTAL POLITIC	AL EXPENDITURES			\$	250,464.98	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAIN RIOD	ED AS OF THE LAS	ST DAY OF THE	\$	2,344,976.66	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTAN TING PERIOD	DING LOANS AS O	F THE LAST DAY	\$	0.00	
17 AFFIDAVIT		true and corre		of perjury, that the ac information required			
			The Honorab	ole Robert Lee Nich	nols		
			Signature of C	Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE					
		aid		, this the		day	
	, 20, to continuous cer administering	ertify which, witness my hand and Printed name of officer adm		Title of office	r administr	oring oath	
Signature of Offi	cei auministenny	riilled haine of officer adm	mnstering	Title of office	i aummiste	anny vaut	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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					0 01 121
18 FIL	ER NAM	1E	19 Filer ID	(Ethic	s Commission Filers)
Nic	chols, F	obert Lee (The Honorable)	00035962		
l .		E SUBTOTALS SCHEDULE		:	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	240,140.00
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				4,683.76
3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.		\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				248,664.98
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,800.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				5,930.70

	MONET	ARY POLITICAL CONT	RIBUTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to con	nplete this for	m.	1	Total pages Schedule A1: Sch: 1/26 Rpt: 4/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 03/07/2024	512 Strategies LLC	-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	Deireitad	Austin, TX 78731	lo.	Foundament (Octobration et la co			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 04/29/2024	Full name of contributor out-of Alexander, David (Mr.) Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$1,500.00
	Dringing agg	Dal Valle, TX 78617	1	Employer (See Instructions	_		
	Managing M	pation / Job title (See Instructions) ember		Digg Commercial	')		
	Date 06/12/2024	Full name of contributor out-of Allen Boone Humphries Robinson Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/12/2024	Full name of contributor out-of Alvis, Steven D. (Mr.) Contributor address; City; State; Zip C Houston, TX 77040				Amount of Contribution (\$)	\$5,000.00
	Principal occu Developer	pation / Job title (See Instructions)		Employer (See Instructions New Quest Properties	5)		
	Date 04/25/2024	Full name of contributor x out-of American Airlines PAC Contributor address; City; State; Zip C Washington, DC 20036	-state PAC (ID#: <u>C00</u>	0107300		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			l .				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 5/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 06/17/2024	 Full name of contributor out-of-state PAC (ID#:_Aqueduct Werks, LLC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$2,500.00
_	Daine in all account	Dallas, TX 75225				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_Aransas-Corpus Christi Pilots PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Corpus Christi, TX 78403 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_ Austin Firefighters Assn PAC Contributor address; City; State; Zip Code Austin, TX 78752)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Autry Public Affairs LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/25/2024	Full name of contributor X out-of-state PAC (ID#: 9 BNSF RailPac Contributor address; City; State; Zip Code Ft Worth, TX 76161	000235739		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to comp	olete this forn	n.	1	Total pages Schedule A1: Sch: 3/26 Rpt: 6/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 01/24/2024	Bailey, David (Mr.)	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_		Orange, TX 77630	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 04/25/2024	Beer Alliance of TX PAC Contributor address; City; State; Zip Cod	tate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/06/2024	Full name of contributor out-of-st Bennett, Montgomery J (Mr.) Contributor address; City; State; Zip Cod Dallas, TX 75254	tate PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Chairman &	pation / Job title (See Instructions)		Employer (See Instructions Ashford Inc.)		
	Date 04/25/2024	Bentwood Public Affairs	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/12/2024	Beyer, Charles B (Mr.)				Amount of Contribution (\$)	\$2,500.00
	Principal occu Operator	pation / Job title (See Instructions)		Employer (See Instructions Storm Water Solutions,L			
			'				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 7/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 02/25/2024	5 Full name of contributorBird, Robert (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:;		7	Amount of Contribution (\$)	\$2,000.00
_	District	Lantana, TX 76226		Faralana (One Instruction			
8	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Bird Advocacy & Consul)	
	Date 05/25/2024	Full name of contributor Blake, Bruce W (Mr.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringinal occu	Liberty, TX 77575 pation / Job title (See Instructions)		Employer (See Instructions			
	Henderson F			Self)		
	Date 05/16/2024	Full name of contributor Britton, Kathy (Ms.) Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77010					
	Principal occu Exec Chair	pation / Job title (See Instructions)		Employer (See Instructions Perry Homes)		
	Date 06/17/2024	Full name of contributor Cain, David C. (Mr.) Contributor address; City; State Dallas, TX 75214)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 04/25/2024	Full name of contributor Cain, Randy C. (Mr.) Contributor address; City; State Austin, TX 78763	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 8/121	
2	FILER NAME	rout Las (The Henevahle)			3	Filer ID (Ethics Commission	on Filers)
_		pert Lee (The Honorable)			Ļ	00035962	
4	Date 06/22/2024	5 Full name of contributor Campbell, Drew (Mr.)6 Contributor address; City; States	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
		Corsicana, TX 75109					
8	Principal occu Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Capital Insights	5)		
	Date 01/25/2024	Full name of contributor Carr, Dina (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Beaumont, TX 77705					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/22/2024	Full name of contributor Castillo, Evelyn C (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$500.00
		McAllen, TX 78504					
	Principal occu Policy Analys	pation / Job title (See Instructions)		Employer (See Instructions Pathfinder Public Affairs			
						Amount of Contribution (\$)	
	Date 06/12/2024	Full name of contributor CenterPoint Energy Inc. P Contributor address; City; Sta				Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77210					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 04/22/2024	Full name of contributor Cerda, Julio C (Mr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
		Contributor address; City; Sta	ate; Zip Code				
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions S TX Infracture Group L			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 9/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 01/16/2024	5 Full name of contributor out-of-state PAC (ID#:_Claybar, W. Brown (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
		Orange, TX 77630				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_Clayton, Gary R. (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Lumberton, TX 77657 upation / Job title (See Instructions)	Employer (See Instructions)		
	T mioipai ooda	pation 7 oob tille (eee motione)	Employer (eee medacione	,		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Contreras, Sergio (Mr.))		Amount of Contribution (\$)	\$250.00
		Mission, TX 78574				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Gregory B. Contributor address; City; State; Zip Code Ft Worth, TX 76102			Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	ipation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Crow, Harlan R. (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$2,500.00
	Principal occu Chairman of	pation / Job title (See Instructions) the Board	Employer (See Instructions Crow Holdings)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 10/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Doornbos, Billy W. (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00
_	Deinainal agai	Nederland, TX 77627	O Franks or (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 01/18/2024	Full name of contributor out-of-state PAC (ID#:_ Dosch, Keith (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Orange, TX 77630 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See instructions	,		
	Date 03/06/2024	Full name of contributor out-of-state PAC (ID#:_ Edgar, Robert T. (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Beaumont, TX 77703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_Edmister, Hinshaw, Russ & Assoc, Eng PAC Contributor address; City; State; Zip Code Houston, TX 77042)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor x out-of-state PAC (ID#: C Entergy Corp PAC Contributor address; City; State; Zip Code Austin, TX 78701	C00363879)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 11/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 03/06/2024	 Full name of contributor x out-of-state PAC (ID#: C ExxonMobil PAC Contributor address; City; State; Zip Code 	00121368)	7	Amount of Contribution (\$)	\$2,500.00
•	Dringing oggu	Irving, TX 75039	Employer (Coe Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Focused Advocacy Political Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/26/2024	Full name of contributor x out-of-state PAC (ID#: C Ford Motor Company Civic Action Fund Contributor address; City; State; Zip Code	00046474		Amount of Contribution (\$)	\$2,500.00
		Dearborn, MI 48126				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 04/22/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu President	Edinburg, TX 78541 pation / Job title (See Instructions)	Employer (See Instructions Foremost Paving Inc.	5)		
	Date 05/18/2024	Full name of contributor out-of-state PAC (ID#:_ Francis, Jr., James B (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75205			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Francis Enterprises, Inc			
	····					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 12/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 05/07/2024	5 Full name of contributor out-of-state PAC (ID#:_Garcia, David (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$300.00
_	Deine in all a con-	Austin, TX 78701	10 Fundam (0 days 1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/25/2024	Full name of contributor X out-of-state PAC (ID#:_ General Motors Co PAC Contributor address; City; State; Zip Code	C00076810)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 05/18/2024	Full name of contributor out-of-state PAC (ID#:_ Greater Houston Builders Assn PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77064				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_ Greene, Patricia (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77705			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_Griffith, Carl (Mr.) Contributor address; City; State; Zip Code Winnie, TX 77665			Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO/Preside	pation / Job title (See Instructions) ent	Employer (See Instructions GMJ/Celanese)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 13/121		
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)	
4	Date 06/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc. State PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00	
_	<u> </u>	Houston, TX 77077					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Hawthorne, Tom (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Zavalla, TX 75982 upation / Job title (See Instructions)	Employer (See Instructions				
	i illicipai occa	pation 7 oob title (occ mondottons)	Employer (See Manacions	,			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Henderson, Elaine (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00	
		Beaumont, TX 77706					
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#:_ Hillco PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Hochheim Prairie PAC Contributor address; City; State; Zip Code Yoakum, TX 77995			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this form	1.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 14/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 01/25/2024	5 Full name of contributor Holder, Charlie (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deignigal	Beaumont, TX 77706	I _o	Franksian (Cas Instructions			
8	Owner -	pation / Job title (See Instructions)		Employer (See Instructions Home Instead)		
	Date 01/18/2024	Full name of contributor Houseman, Gisela (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$500.00
	Dringing age	Orange, TX 77630		Employer (See Instructions			
	Real Estate	pation / Job title (See Instructions)		Employer (See Instructions) Self)		
	Date 01/25/2024	Full name of contributor Houston Pilots PAC Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		Deer Park, TX 77536					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/12/2024	Full name of contributor Houston Pilots PAC Contributor address; City; State Deer Park, TX 77536	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/25/2024	Full name of contributor Houston Police Officer's Uni Contributor address; City; State Houston, TX 77007)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 15/121		
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)	
4	Date 02/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,000.00	
0	Dringing occur	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, John (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Beaumont, TX 77707 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/03/2024	Full name of contributor out-of-state PAC (ID#: Johnson, John (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Beaumont, TX 77707					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/03/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, John (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/03/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, John (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	IONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/26 Rpt: 16/121			
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)		
4	Date 05/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ Johnson, John (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
_	Delicalizat a seco	Beaumont, TX 77707	O Frankrica (Con Instruction					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, John (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Beaumont, TX 77707 upation / Job title (See Instructions)	Employer (See Instructions					
	r illicipai occu	pation / 300 title (3ee instructions)	Employer (See Instructions	,				
	Date 05/25/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, John W (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00		
		Houston, TX 77027						
	Principal occu VP	pation / Job title (See Instructions)	Employer (See Instructions Johnson & Lindley, LLC)				
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ LaBauve, Leo (Mr.) Contributor address; City; State; Zip Code Bridge City, TX 77611			Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_Lacy, Kevin D. (Mr.) Contributor address; City; State; Zip Code Conroe, TX 77304			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired)				

	MONET	IONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instru	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 14/26 Rpt: 17/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 02/08/2024	 5 Full name of contributor out-of-state F Lane, Jeff (Mr.) 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Kemp, TX 75143 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
•	Gen Mgr. &			TVEC	,		
	Date 03/07/2024	Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	·/		
	Principal occu	pation / Job title (See Instructions)		Employer (See instructions	·)		
	Date 04/22/2024	Full name of contributor out-of-state F Maldonado, Samuel D. (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Edinburg, TX 78542					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Sames Engineering & S	′	reying	
	Date 05/13/2024	Full name of contributor out-of-state F Miller, Robert (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75201	-)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Lock Lod LL	pation / Job title (See Instructions)		Employer (See Instructions Attorney	5)		
	Date 01/25/2024	Full name of contributor out-of-state F Miller, Travis T (Mr.) Contributor address; City; State; Zip Code Orange, TX 77630	PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
			•				

	MONET	ARY POLITICAL C		SCHEDUI	DULE A1		
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 18/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 01/24/2024	5 Full name of contributor [Miller, Travis T (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Orange, TX 77630 pation / Job title (See Instructions)	0	Employer (See Instructions	·/		
0	Dentist	pation / 300 title (See Instructions)	9	Self	•)		
	Date 06/06/2024	Full name of contributor Mills, Jerry W. (Mr.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75209					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 04/25/2024	Full name of contributor NRG Energy Inc. PAC Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$4,000.00
		Princeton, NJ 08540					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/14/2024	Full name of contributor Nau, III, John L. (Mr.) Contributor address; City; Sta Houston, TX 77252				Amount of Contribution (\$)	\$5,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Silver Eagle Beverages	<u> </u> 5)		
	Date 06/17/2024	Full name of contributor Oncor TX PAC Contributor address; City; Sta Dallas, TX 75202	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (ONS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 19/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 02/02/2024	5 Full name of contributorOncor Texas State PAC6 Contributor address; City; St	out-of-state PAC (ID#:_ mate; Zip Code		7	Amount of Contribution (\$)	\$3,500.00
		Dallas, TX 75202					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 03/07/2024	Full name of contributor Oneok Employees PAC Contributor address; City; St	x out-of-state PAC (ID#: Cate; Zip Code	000215384)	•	Amount of Contribution (\$)	\$500.00
	Dein single and	Tulsa, OK 74102	\ \ \	Frankrije (Ozakasti a			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 04/25/2024	Full name of contributor Pape-Dawson Engineers Contributor address; City; Si)		Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78213					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 06/18/2024	Full name of contributor Pape-Dawson Engineers Contributor address; City; Si San Antonio, TX 78213			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 05/07/2024	Full name of contributor Parker, Michael (Mr.) Contributor address; City; Si Huntington, TX 75949	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Engineer-Su	pation / Job title (See Instructions	s)	Employer (See Instructions Everett Griffith, Jr. & As		c. Inc.	
				2.5.52 5 0 476		·, ·····	

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 20/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 01/25/2024	5 Full name of contributor Parkhurst, Steven L. (Mr.)6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Orange, TX 77632	, I	2.5.1.(2.1.1.1)			
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 06/12/2024	Full name of contributor Patterson, David T. (Mr.) Contributor address; City; St)		Amount of Contribution (\$)	\$1,000.00
	Delicalisation	League City, TX 77573	, I	Faralassa (Caralastas tiras	<u></u>		
	Auditor	pation / Job title (See Instructions	5)	Employer (See Instructions Assessments of the Sou		vest, Inc.	
	Date 04/22/2024	Full name of contributor Pebley, Howard (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions		Employer (See Instructions	:) 		
	Chief Adm C	•	,	Foremost Paving Inc.	,,		
	Date 04/22/2024	Full name of contributor Perez, Nolan (Mr.) Contributor address; City; Si Harlingen, TX 78550)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Texas Digestive Specia		5	
	Date 04/25/2024	Full name of contributor Perot, Jr., Ross (Mr.) Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
	Principal occu Developer	pation / Job title (See Instructions	s)	Employer (See Instructions Self	5)		

	MONET	IONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/26 Rpt: 21/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 04/22/2024	5 Full name of contributor Phillips, Joseph (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2,000.00
_		McAllen, TX 78505	, 1-		Ĺ		
8	Principal occu President	pation / Job title (See Instructions	9	Employer (See Instructions Frio County Metro Inves	′	ents Gp, Inc	
	Date 06/12/2024	Full name of contributor Plowman, Glenn (Mr.) Contributor address; City; St				Amount of Contribution (\$)	\$2,500.00
	Dringing aggr	Simonton, TX 77476	, I	Employer (Co.) Instructions	<u></u>		
	Principal occu President	pation / Job title (See Instructions	5)	Employer (See Instructions Twinwood US, Inc	5)		
	Date 04/25/2024	Full name of contributor Propes, Jay (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		West Lake, TX 78746					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	s)		
	Date 02/13/2024	Full name of contributor Rainey, Mary Nell (Ms.) Contributor address; City; St Woodville, TX 75979)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		
	Date 04/22/2024	Full name of contributor Ramirez, Rene A (Mr.) Contributor address; City; St Edinburg, TX 78539	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Business Ov	pation / Job title (See Instructions vner	5)	Employer (See Instructions Self	 s)		
			<u>'</u>				

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/26 Rpt: 22/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 02/08/2024	5 Full name of contributor Rayburn Elec Coop Value 6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$7,500.00
		Rockwall, TX 75087					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 02/08/2024	Full name of contributor Reese, Randall (Mr.) Contributor address; City; St)		Amount of Contribution (\$)	\$500.00
	Principal occu	Beaumont, TX 77706 pation / Job title (See Instructions		Employer (See Instructions	<u>s)</u>		
	Gen Manage		,	Sabine Neches Navigat		District	
	Date 04/22/2024	Full name of contributor Rios, Daniel O. (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
		McAllen, TX 78504					
	Principal occu President	pation / Job title (See Instructions	(3)	Employer (See Instructions RRP ConsusIting Engin	′		
	Date 01/25/2024	Full name of contributor Roccaforte, Kirk (Mr.) Contributor address; City; St Bridge City, TX 77611)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 01/25/2024	Full name of contributor Rutledge, Bradley A. (Mr.) Contributor address; City; St Orange, TX 77630				Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions	s)	Employer (See Instructions Golden Triangle Industr			

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/26 Rpt: 23/121			
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)		
4	Date 02/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Rutledge, David (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00		
_	<u> </u>	Bridge City, TX 77611						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_ Rutledge Jr, William M. (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00		
	Dringinal occu	Orange, TX 77630	Employer (See Instructions					
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions Self)				
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Saldana, Amanda (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00		
		Pharr, TX 78577						
	Principal occu General Cou	pation / Job title (See Instructions) unsel	Employer (See Instructions Pathfinder Public Affairs					
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_ Schwartz, Page & Harding LLP Contributor address; City; State; Zip Code Houston, TX 77056)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/12/2024	Full name of contributor	C00008748)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	ARY POLITICAL C	NS 	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 21/26 Rpt: 24/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 05/16/2024	5 Full name of contributor Shahwan, Mohamed S (M 6 Contributor address; City; St	•)	7	Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77044	1				
8	Principal occu Mananging [pation / Job title (See Instructions Director) 9	Employer (See Instructions Sesco Concrete	s)		
	Date 06/12/2024	Full name of contributor Signorelli, David K. (Mr.) Contributor address; City; St The Woodlands, TX 7738)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
	Developer			The Signorelli Company	y		
	Date 01/25/2024	Full name of contributor Stagner, Jr, Hershel (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
		Orange, TX 77632			Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/12/2024	Full name of contributor Susser, Sam L. (Mr.) Contributor address; City; St Dallas, TX 75201	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Chairman/Cl	pation / Job title (See Instructions EO)	Employer (See Instructions Sesser Bank	s)		
	Date 01/08/2024	Full name of contributor Tanner, Louis (Mr.) Contributor address; City; St Austin, TX 78744	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/26 Rpt: 25/121	
2	FILER NAME Nichols, Rob	pert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)
4			7	Amount of Contribution (\$)	\$15,000.00	
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i illicipai occu	pation 7 sob title (see instructions)	Employer (See Instructions	,		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Concrete Partners, L.P Contributor address; City; State; Zip Code Elm Mott, TX 76640)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code Dallas, TX 72565			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/26 Rpt: 26/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
_	5	Austin, TX 78726				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#: Texas Instruments Inc. PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
Dallas, TX 75243						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/17/2024 Texas Orthopaedic PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Soc. Of Prof Surveyors PAC Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Anesthesiologists PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		l				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/26 Rpt: 27/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)			3	Filer ID (Ethics Commission 00035962	on Filers)
4	Date 01/25/2024	5 Full name of contributor Texas Trial Lawyers Assi6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/25/2024 Tosh, Bobby (Mr.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
_	Rusk, TX 75785 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Rancher Self						
	Date 02/25/2024					Amount of Contribution (\$)	\$2,000.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	•	`	,		,		
	Date Full name of contributor out-of-state PAC (ID#:) 01/25/2024 Trahan, Johnny (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu	Orange, TX 77632 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor X out-of-state PAC (ID#: C00064766) 02/05/2024 UPSPAC Contributor address; City; State; Zip Code Atlanta, GA 30328					Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> s)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 25/26 Rpt: 28/121			
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)		3 Filer ID (Ethics Commission I 00035962	Filers)		
4	Date 01/25/2024	 Full name of contributor)	7 Amount of Contribution (\$) \$	2,000.00		
		San Antonio, TX 78288					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)			
	Date 01/25/2024	Full name of contributor x out-of-state PAC (ID#:COUNTY) Union Pacific Corp Fund for Effective Gov. Contributor address; City; State; Zip Code	00010470)	Amount of Contribution (\$)	5,000.00		
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	Date 04/25/2024	Full name of contributor	00010470)	Amount of Contribution (\$) \$:	3,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: University of Houston PAC Contributor address; City; State; Zip Code Houston, TX 77046		Amount of Contribution (\$) \$	1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#: Villarreal, Rigoberto (Mr.) Contributor address; City; State; Zip Code Mission, TX 78572		Amount of Contribution (\$) \$	1,500.00		
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructions Las Arboledas Investme				
		I					

	MONET	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/26 Rpt: 29/121	
2	FILER NAME Nichols, Rob	ert Lee (The Honorable)		3	Filer ID (Ethics Commission 00035962	on Filers)	
4	Date 06/17/2024	5 Full name of contributorVista Empl PAC6 Contributor address; City; S	7	Amount of Contribution (\$)	\$2,500.00		
_		Irving, TX 75039					
8	Principal occu	pation / Job title (See Instructions	S)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/16/2024 Weekley, Richard W (Mr.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$10,000.00
	Principal occupation / Job title (See Instructions) Developer Houston, TX 77027 Employer (See Instruction Self						
	Date Full name of contributor out-of-state PAC (ID#:) 01/25/2024 Williams, Kevin M. (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Orange, TX 77632 pation / Job title (See Instructions	s) I	Employer (See Instructions	<u> </u> s)		
	Sec/Trea	`	,	Cypress Bayou Industri	-	Painting, Inc.	
	Date O3/14/2024 Full name of contributor out-of-state PAC (ID#:) Winstead PC PAC Contributor address; City; State; Zip Code Dallas, TX 75201			•	Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/11/2024 Zachry Corp PAC Contributor address; City; State; Zip Code San Antonio, TX 78265					Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 30/121						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	bert Lee (The Honorable)		00035962					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description					
05/24/2024	Tronoy, readdon 11 (ivin)		\$1,233.01 Food & beverages for					
	7 Contributor address; City; State; Zip Code		fundraiser					
	Austin, TX 78731		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)					
Lobbyist		Blackridge						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
10 ii contributor	is a clima, law limit of parent(s) (ii arry) (i en coepicinal)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution					
06/10/2024	<u> </u>		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$1,933.06 Food & beverages for fundraising luncheon					
	Houston, TX 77002							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -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)							
Date	Full name of contributor		Amount of . In-kind contribution					
04/22/2024			contribution (\$) description					
	Contributor address; City; State; Zip Code		\$1,517.69 Food, beverages & ! catering services					
			catering services					
			į					
Edinburg, TX 75839								
· '	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)							
Business Owner Self Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)								
Continuotors	Contributor's principal occupation (For Sobiolize)							
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

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

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 Insti	ruction Guide ex	plains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FIL	ER NAME				:	3 Filer ID)	(Ethics Commission	າ Filers)
	Sch: 1/81 Rpt: 31/121	Nic	chols, Robert Lee	(The Honora	ble)			00035	962		
4	Date	5 Pay	yee name								
	01/16/2024	AT	&T Mobility								
6	Amount (\$)	7 Pay	yee address; C	City;	State; Zip Co	ode					
	\$210.53	Р.	O. Box 5074								
		Ca	arol Stream, IL 60	197							
8	PURPOSE	(a) Ca	tegory (See Categorie	es listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		able & internet				Check if travel ou				
							Check if Austin, Officeholder a				
							Officeriolaer a	partificin	Cabic	, & internet	
9	Complete ONLY if direct	Can	didate/Officeholder	name	Office sou	ıaht		Of	fice he	ld.	
ľ	expenditure to benefit C/O		alacto, e moonolaci	Tiamo	Omoc ooc	agiit		O.			
_	Date	Pay	yee name								
	02/05/2024	1 1									
_	Amount (\$)			City;	State; Zip Co	nde					
	\$204.32	l '	O. Box 5074	ity,	State, Zip Ct	Jue					
	Ψ204.32	ļ .	O. Box 3074								
		<u></u>	ral Ctroom II 60	107							
			arol Stream, IL 60								
	PURPOSE OF		tegory (See Categorie			(a)	Description Check if travel or	itside of Tex	as Comn	olete Schedule T.	
	EXPENDITURE	On	fice Overhead/Re	entai Expense			Check if Austin,				
							Officeholder/ca				
	Complete ONLY if direct		didate/Officeholder	name	Office sou	ıght		Of	fice he	ld	
	expenditure to benefit C/O										
	Date	Pa	yee name								
	04/05/2024	АТ	T&T Mobility								
	Amount (\$)	Pa	yee address; C	City;	State; Zip Co	ode					
	\$204.32	Р.	O. Box 5074								
		Ca	arol Stream, IL 60	197							
	PURPOSE	(a) Ca	tegory (See Categorie	es listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		fice Overhead/Re				Check if travel ou				
	EXI ENDITORE						Check if Austin,				
							Officeholder/ca	ampaign	telebi	ione expense	
	Complete ONLY if direct	Can	didate/Officeholder	nomo	Office sou	ıaht		Of	fice he	Id	
	Complete ONLY if direct expenditure to benefit C/O		didate/Officeriolder	паше	Office Suc	igni		Oi	nce ne	iu	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 2/81 Rpt: 32/121	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/05/2024	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$204.29	P. O. Box 5074
		Carol Stream, IL 60197
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
		Officeholder/campaign telephone expense
		Cincertoladi Campaign telephone expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2024	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.29	P. O. Box 5074
	φ204.29	F. O. Box 3074
		Carol Stream, IL 60197
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Officeholder/campaign telephone expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/17/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.51	P. O. Box 5014
		Carol Stream , IL 60197
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Cable & internet Check if travel outside of Texas, Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet
		Officeriolder apartment cable & internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 3/81 Rpt: 33/121	Nichols, Robert Lee (The Honorable) 00035962
4 Date	5 Payee name
02/13/2024	AT&T
6 Amount (\$) \$268.51	7 Payee address; City; State; Zip Code P. O. Box 5014 Carol Stream , IL 60197
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Cable & internet Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/19/2024	AT&T
Amount (\$) \$268.51	Payee address; City; State; Zip Code P. O. Box 5014
	Carol Stream , IL 60197
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Cable & internet (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Campaign cable & internet service
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 04/16/2024	Payee name AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$268.51	P. O. Box 5014
	Carol Stream , IL 60197
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Cable &Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet
Complete ONLY if direct expenditure to benefit C/O	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

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

Candidate/Officeholder/Political Credit Card Payment	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: 4/81 Rpt: 34/121	Nichols, Robert Lee (The Honorable) 00035962
4 Date	5 Payee name
05/18/2024	AT&T
6 Amount (\$) \$268.51	7 Payee address; City; State; Zip Code P. O. Box 5014 Carol Stream , IL 60197
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Cable & intenet Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/18/2024	AT&T
Amount (\$) \$268.51	Payee address; City; State; Zip Code P. O. Box 5014
	Carol Stream , IL 60197
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Cable & internet (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/31/2024	Anedot
Amount (\$) \$128.40	Payee address; City; State; Zip Code P. O. Box 84314
	Baton Rouge, LA 70884
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign on-line contribution fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 B 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/Political Committee Credit Card Payment			Legal Services	·		/ages	/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 5/81 Rpt: 35/121		Nichols, Rob	ert Lee (The F	Honorable)					00035962		
4	Date	5	Payee name									
	02/29/2024	,	Anedot									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$4.30		P. O. Box 84	1314								
		١,	Baton Rouge	e. I A 70884								
8	PURPOSE	-					(h)	Docorintion				
ľ	OF		Calegory _{(Se} Accounting/[e Categories listed at	the top of this sch	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	'	Accounting/i	Balikiliy				=		officeholder livin		
								Campaign on	-lin	e contributi	on fees	
9	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/31/2024	,	Anedot									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$4.30		P. O. Box 84	1314								
		١,	Baton Rouge	- I A 70884								
	PURPOSE	├					(h)	Description				
	OF	1	Calegory _{(Se}	e Categories listed at	the top of this sch	edule)	(6)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	'	Accounting/i	Balikiliy				=		officeholder livin		
								Campaign on	-lin	e contributi	on fees	
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/30/2024	,	Anedot									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$104.90		P. O. Box 84	1314		·						
		١,	Baton Rouge	e. I A 70884								
	PURPOSE	_					(h)	Docorintion				
	OF		Accounting/	e Categories listed at	the top of this sch	edule)	(6)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	′	r to counting / i	Janking				Check if Austin,	, TX,	officeholder livin	g expense	
								Campaign on	-lin	e contributi	on fees	
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
ı												

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 6/81 Rpt: 36/121	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/31/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.20	P. O. Box 84314
		Baton Rouge, LA 70884
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign on-line contribution fees
		Campaign on line contribution rees
Ļ	Commission ONII V if disposi	Condidate/Officeholder neme
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/30/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.30	P. O. Box 84314
		Baton Rouge, LA 70884
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign on-line contribution fees
		Campaign on-line contribution lees
┡	Operation ONE Wife disease	On distribute Office health and a second to the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	01/10/2024	Bill McRae Ford
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.79	1511 E. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
l	2/11/2/10/12	Expense Check if Austin, TX, officeholder living expense
1		Campaign vehicle maintenance
dash	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritate to benefit 0/01	•

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/81 Rpt: 37/121	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	06/26/2024	Brent Hagnbuch Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	2800 Shoreline Dr., Ste 310
		Denton, TX 76210
8	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
		Campaign contribution
_	Commission ONU Wife allows	Condidate/Officeholder name Office appets
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2024	Cherokee County Jr. Livestock Show & Sale
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P. O. Box 705
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Officeriolder/campaign sponsorship of event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash	Data	David and a
	Date	Payee name Charaksa Caunty It Livestock Chaw & Cala
	04/03/2024	Cherokee County Jr. Livestock Show & Sale
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	P. O. Box 705
		Jacksonville, TX 75766
	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 Officeholder/campaign magazine advertising
		Onicentiality and advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 8/81 Rpt: 38/121	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	04/28/2024	Cherokee County Republican Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	P. O. Box 1905
		Jacksonville, TX 75766
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/06/2024	Cherokeean Herald
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	140 Main St.
	+ =00.00	
		Rusk, TX 75785
	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
		Officeholder/campaign advertising
		Cincondidanoan pangni da vontoring
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/02/2024	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.13	P. O. Box 2267
	Ψ10.10	1 . O. Box 2201
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Utilities Check if travel outside of Texas. Complete Schedule T.
		\times \text{Check if Austin, TX, officeholder living expense}} Officeholder apartment utilities
		Officeriolder apartment duffiles
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total names Oct 11 51	,
1	Total pages Schedule F1:	
L	Sch: 9/81 Rpt: 39/121	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	01/30/2024	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$147.13	P. O. Box 2267
	Ψ141.10	1 . O. BOX 2201
		A (TV T0T00
		Austin, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Utilities Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Officeholder apartment utilities
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	
	Date	Payee name
	03/06/2024	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.54	P. O. Box 2267
	411.0 1	T T OT BOX ELECT
		A (1 TV T0T00
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Utilities Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Officeholder apartment utilities
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/03/2024	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.48	P. O. Box 2267
		Austin, TX 78783
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Utilities Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Officeholder apartment utilities
		SS. aparamont duminos
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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: 10/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/02/2024	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.23	P. O. Box 2267
		Austin, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Utilities Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Officeholder apartment utilities
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2024	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.29	P. O. Box 2267
		Austin, TX 78783
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Utiliies Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		\[\times \] Check if Austin, TX, officeholder living expense Officeholder apartment utility
		Cincertolder apartment dumby
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/25/2024	Conine Vestal, Shelby (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,128.32	12220 Terraza Circle
		Austin, TX 78726
	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
		Campaign payroll expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		nmittee	Gift/Awards/Mem Legal Services The Instruction	orials Expense on Guide explai		Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
┰	Total pages Schedule F1:	2	EII ED NIANAE				-		3	Filer ID	(Ethics Commission Filers)
	Sch: 11/81 Rpt:	ı			e Honorable	!)				00035962	(Ethics Commission Filers)
4	Date	5	Payee name								
	02/25/2024		Conine Ves	tal, Shelby (Ms.)						
6	Amount (\$)	7	Payee addre	ss; City;	Sta	ate; Zip Co	ode				
ľ	\$2,128.32	ı	12220 Terra			,,,,,					
	ΨΕ,120.02		12220 1011	220 011010							
			Austin, TX	78726							
8	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE			ages/Contra							nplete Schedule T.
								\Box		officeholder livin	g expense
								Campaign pa	ayrc	ni expense	
L											
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ceholder nam	е	Office sou	ught			Office h	eld
L	experience to beliefft C/OI										
	Date		Payee name								
I	03/26/2024		Conine Ves	tal, Shelby (Ms.)						
一	Amount (\$)	T	Payee addre	ss; City;	Sta	ate; Zip Co	ode				
	\$2,128.32		12220 Terra	-							
	, ,										
			Austin, TX	78726							
	PURPOSE OF	(a)	Category (S	ee Categories liste	d at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor						nplete Schedule T.
								Campaign pa		officeholder livin	g expense
								Campaign po	ayı c	лі схрепас	
\vdash	Complete ONLY if direct		Candidate/Offi	ceholder nam	e	Office sou	<u> </u> ught			Office h	eld
	expenditure to benefit C/OI	H 									
	Date		Payee name								
L	04/29/2024	L	Conine Ves	tal, Shelby (Ms.)						
Γ	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip Co	ode				
	\$2,128.32		12220 Terra	aza Circle							
			Austin, TX	78726							
	PURPOSE OF	(a)			d at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor						nplete Schedule T.
								Campaign pa		officeholder livin	y expense
								σαπραίζη μα	лупС	ni evhelise	
\vdash	Complete ONLY if direct	Ļ	`andidata/Off	oobolder ne		Office	lapt			Office b	ald
	Complete ONLY if direct expenditure to benefit C/OI		anunate/Oπ	ceholder nam	e	Office sou	ıynı			Office h	eiu
dash	•										

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

	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: 12/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962
4	Date	5 Payee name	•
	05/25/2024	Conine Vestal, Shelby (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,128.32	12220 Terraza Circle	
		Austin, TX 78726	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
l	LXI LINDITORE	l	in, TX, officeholder living expense
l		Campaign p	ayroll expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI		Office field
⊨	D-1-		
l	Date	Payee name	
L	06/24/2024	Conine Vestal, Shelby (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$2,128.37	12220 Terraza Circle	
l			
L		Austin, TX 78726	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Jaianes/ Wages/ Contract Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
l		l —	payroll expense
			,
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	02/13/2024	Connie H. Nice CPA PC	
H	Amount (\$)	Payee address; City; State; Zip Code	
l	\$295.00	P.O. Box 2283	
l			
l		Jacksonville, TX 75766	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF		el outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Campaign a	innual reports
L	0 1: 0:::::::::::::::::::::::::::::::::		0.00
	Complete ONLY 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 Committe

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 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: 13/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
L	03/06/2024	Connie H. Nice CPA PC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$325.00	P.O. Box 2283
		Jacksonville, TX 75766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign preparation of Form 1120-POL
		Campaign preparation of Form 1120-FOL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2024	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St.
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder subscription
		Officeriolider Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/03/2024	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St.
	Ψ02.01	1354 Commerce Ca
		Dallas, TX 75201
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Officeholder monthly subscription
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	S. portantare to borient 0/01	•

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

1	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962
4	Date	5 Payee name	
	04/04/2024	Dallas Morning News	
6	Amount (\$)	7 Payee address; City; State; Zip Code	9
	\$32.51	1954 Commerce St.	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	,,,,,,,,,		Check if Austin, TX, officeholder living expense
			Officeholder newspaper subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/O		it Office field
_	Date	Davisa sama	
	05/03/2024	Payee name Dallas Morning News	
		-	
	Amount (\$) \$32.51	Payee address; City; State; Zip Code 1954 Commerce St.	
	\$32.51	1954 Commerce St.	
		D. II TV 75004	
		Dallas, TX 75201	
	PURPOSE OF	2 (Description Check if travel outside of Toyan Complete Schoolule T
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Officeholder newspaper subscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	Complete ONLY if direct expenditure to benefit C/O		office held
			nt Office held
	expenditure to benefit C/O	1	office held
	expenditure to benefit C/Ol	Payee name	
	expenditure to benefit C/Ol Date 06/04/2024	Payee name Dallas Morning News	
	Date 06/04/2024 Amount (\$)	Payee name Dallas Morning News Payee address; City; State; Zip Code	
	Date 06/04/2024 Amount (\$)	Payee name Dallas Morning News Payee address; City; State; Zip Code	
	Date 06/04/2024 Amount (\$) PURPOSE	Payee name Dallas Morning News Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201	
	Date 06/04/2024 Amount (\$) PURPOSE OF	Payee name Dallas Morning News Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201	D) Description Check if travel outside of Texas. Complete Schedule T.
	Date 06/04/2024 Amount (\$) PURPOSE	Payee name Dallas Morning News Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule)	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 06/04/2024 Amount (\$) PURPOSE OF	Payee name Dallas Morning News Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule)	D) Description Check if travel outside of Texas. Complete Schedule T.
	Date 06/04/2024 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Dallas Morning News Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) Fees	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder newspaper subscription
	Date 06/04/2024 Amount (\$) PURPOSE OF	Payee name Dallas Morning News Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sough	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder newspaper subscription
	Date 06/04/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Dallas Morning News Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sough	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder newspaper subscription
	Date 06/04/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Dallas Morning News Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sough	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder newspaper subscription

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 15/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035962
4	Date 05/20/2024	5 Payee name Doubletree Hotel - Hou	.1
6	Amount (\$) \$177.23	7 Payee address; City; State; Zip Code 6 E Greenway Plaza Houston, TX 77046	
8	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense staff lodging to attend event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date 05/20/2024	Payee name Doubletree Hotel - Hou	
	Amount (\$) \$218.03	Payee address; City; State; Zip Code 6 E Greenway Plaza Houston, TX 77046	
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense candidate lodging for event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date 01/25/2024	Payee name Dunn, Shawn (Ms.)	
	Amount (\$) \$1,441.12	Payee address; City; State; Zip Code 213 Winged Foot Dr.	
		Lufkin, TX 75901	
	PURPOSE OF EXPENDITURE	Expense Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense payroll expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	al 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: 16/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	02/25/2024	Dunn, Shawn (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,441.12	213 Winged Foot Dr.
		Lufkin, TX 75901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign payroll expense
		Campaign payron expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	
		Payee name
L	03/26/2024	Dunn, Shawn (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,441.12	213 Winged Foot Dr.
		Lufkin, TX 75901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign payroll expense
		Sampaight payron expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/29/2024	Dunn, Shawn (Ms.)
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,441.12	213 Winged Foot Dr.
	Ψ1,441.12	213 Williged Foot Dr.
		Lufkin, TX 75901
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г		
1		

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	3	Filer ID	(Ethics Commission Filers)
	Sch: 17/81 Rpt:	Nichols, Robert Lee (The Honorable)				00035962	
4	Date	5 Payee name		<u> </u>			
	05/07/2024	Dunn, Shawn (Ms.)					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$46.68	213 Winged Foot Dr.					
		Lufkin, TX 75901					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	Loan Repayment/Reimbursement	`	Check if travel ou	ıtsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE			Check if Austin, T			expense
				Campaign rein 77.8 mil @ .60		ursement	
					_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld
_							
	Date	Payee name					
	05/25/2024	Dunn, Shawn (Ms.)					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$1,441.12	213 Winged Foot Dr.					
		Lufkin, TX 75901					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel ou			
	-			Check if Austin, T			expense
				Campaign pay	10	пехрепас	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	-ld
	expenditure to benefit C/OI		giit			Omoo no	
	Date	Davis nama					
	06/24/2024	Payee name Dunn, Shawn (Ms.)					
			, do				
	Amount (\$) \$46.68	Payee address; City; State; Zip Co	oue				
	φ40.06	213 Winged Foot Dr.					
		Luffin TV 75001					
		Lufkin, TX 75901					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel ou	ıtci	do of Toyon Com	olata Sahadula T
	EXPENDITURE	Loan Repayment/Reimbursement		Check if Austin, T			
				Campaign rein			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1					
_							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	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: 18/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	06/24/2024	Dunn, Shawn (Ms.)
6	Amount (\$) \$1,441.12	7 Payee address; City; State; Zip Code 213 Winged Foot Dr.
		Lufkin, TX 75901
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/25/2024	Ellis, Jacob (Mr.)
	Amount (\$) \$1,922.45	Payee address; City; State; Zip Code 1402 Mulberry
		Lufkin, TX 75904
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2024	Ellis, Jacob (Mr.)
	Amount (\$) \$1,922.45	Payee address; City; State; Zip Code 1402 Mulberry
		Lufkin, TX 75904
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
┝	Tatal as a second Calcada La Edu		6 Files ID (Ethica Commission Files)
11	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 19/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962
4	Date	5 Payee name	
	03/26/2024	Ellis, Jacob (Mr.)	
Ļ	Λ · · · · · · · · · · · · · · ·		
ľ	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,922.45	1402 Mulberry	
		Lufkin, TX 75904	
8	PURPOSE	<u> </u>	
ľ	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Galaries/ Wages/ Contract Eabor	, TX, officeholder living expense
		l	yroll expense
		- Campangii pa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ļ	0 1: 0: 1: 1:		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experience to benefit Gree	'	
	Date	Payee name	
	04/29/2024	Ellis, Jacob (Mr.)	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,922.45	1402 Mulberry	
	Ψ1,322.43	1402 Maiberry	
		Lufkin, TX 75904	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin	, TX, officeholder living expense
		Campaign pa	yroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Davios namo	
		Payee name	
	05/25/2024	Ellis, Jacob (Mr.)	
1	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,922.45	1402 Mulberry	
		Lufkin, TX 75904	
\vdash	PURPOSE		
	OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		l	yroll expense
1		Sampaign pa	opooo
⊢	Complete ONLY if allocat	Condidate/Officeholder name	Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	portantare to borront 0/01	•	
1			

SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: 20/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	06/24/2024	Ellis, Jacob (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,922.45	1402 Mulberry
		Lufkin, TX 75904
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/13/2024	FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.90	3875 Airways Blvd.
		Memphis, TN 38116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Campaign mailing for event
		Campaign maining for event
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/06/2024	FedEx
H	Amount (\$)	Payee address; City; State; Zip Code
	\$121.95	3875 Airways Blvd.
	4121.00	Ser o / iii waye Biva.
		Memphis, TN 38116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign mailing expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Commi

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 T	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4 C	Date	5 Payee name
C	04/03/2024	FedEx
6 A	smount (\$) \$55.05	7 Payee address; City; State; Zip Code 3875 Airways Blvd. Memphis, TN 38116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign shipping
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
С	Pate	Payee name
C	06/06/2024	FedEx
Α	smount (\$) \$137.70	Payee address; City; State; Zip Code 3875 Airways Blvd.
		Memphis, TN 38116
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign mail delivery fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
С	Pate	Payee name
C	5/23/2024	Fogo de Chao Brazlian
Α	mount (\$) \$352.78	Payee address; City; State; Zip Code 849 E. Commerce St. #393
		San Antonio, TX 78205
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder & campaign stafff meal at convention
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

	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: 22/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	01/25/2024	Ford Credit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,037.67	P. O. Box 650575
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Compaign vehicle losse
		Campaign vehicle lease
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/22/2024	Ford Credit
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,037.67	P. O. Box 650575
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Lagrangian Check if Austin, TX, officeholder living expense Campaign vehicle lease
		Campaign vollide loads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	03/26/2024	Payee name Ford Credit
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,037.67	P. O. Box 650575
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Campaign vehicle lease
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitare to benefit 6/01	<u>'</u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Polling Expense
Salaries/Wanes/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 23/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962
4 Date 04/28/2024	5 Payee name Ford Credit
6 Amount (\$) \$2,037.67	7 Payee address; City; State; Zip Code P. O. Box 650575 Dallas, TX 75265
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign vehicle lease
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 05/25/2024	Payee name Ford Credit
Amount (\$) \$2,037.67	Payee address; City; State; Zip Code P. O. Box 650575 Dallas, TX 75265
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign vehicle lease
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 06/24/2024	Payee name Ford Credit
Amount (\$) \$2,037.67	Payee address; City; State; Zip Code P. O. Box 650575
PURPOSE OF EXPENDITURE	Dallas, TX 75265 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign vehicle lease
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4 Date	5 Payee name
01/26/2024	Gajjar, Hitesh (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,795.00	4202 Steep Rock Lane
	Austin, TX 78732
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T.
-	X Check if Austin, TX, officeholder living expense
	Officeholder apartment rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
02/25/2024	Gajjar, Hitesh (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,795.00	4202 Steep Rock Lane
	Austin, TX 78732
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
	Officeholder apartment rent
	Cincertolaer apartment rent
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
04/29/2024	Gajjar, Hitesh (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,795.00	4202 Steep Rock Lane
	Austin, TX 78732
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T.
-	X Check if Austin, TX, officeholder living expenseOfficeholder apartment rent
	Officeriolaer apartment rent
Complete ONLY if direct	Candidate/Officeholder name Office cought
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 -

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 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: 25/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	03/26/2024	Gajjar, Hitesh (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,795.00	4202 Steep Rock Lane
		Austin, TX 78732
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Officeholder apartment rent
		Officeriolder apartment tent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	05/26/2024	Gajjar, Hitesh (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,795.00	4202 Steep Rock Lane
	Ψ1,100.00	4202 Oloop Nook Earlo
		Austin, TX 78732
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Officeholder apartment rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/24/2024	Gajjar, Hitesh (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$1,795.00	4202 Steep Rock Lane
		Austin, TX 78732
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Rent Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Officeholder apartment rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense F		ense ges/Contract Labor	Т	ravel in District ravel Out of Dis THER (enter a		
1	Total pages Schedule F1:	2 FILED NIA!			50.11	,	3 F	iler ID	(Ethics Commission F	ilers)
-	Sch: 26/81 Rpt:		Robert Lee (The Hon	orable)			1	0035962	(Eurica Commission)	11013)
4	Date	5 Payee nan	ne							
	06/06/2024	GoDaddy	,							
6	Amount (\$)	7 Payee add	lress; City;	State:	Zip Code					
	\$114.99	1	Hayden Rd., Ste 219	,	•					
			,							
		Scottsdal	e, AZ 85260							
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedu	_{ule)} (i	Description				
	OF EXPENDITURE		erhead/Rental Exper						plete Schedule T.	
	EXI ENDITORE					Check if Austin				
						Campaign er	naii o	omain rer	iewai	
				-						
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Offi	ice sough	nt		Office h	eld	
	Date	Payee nan	ne							
	06/24/2024	GoDaddy	,							
	Amount (\$)	Payee add	ress; City;	State;	Zip Code	9				
	\$136.02	1455 N. F	Hayden Rd., Ste 219							
		Scottsdal	e, AZ 85260							
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedu	ule) (I	Description				
	OF EXPENDITURE	Office Ov	erhead/Rental Exper	nse		<u> </u>			plete Schedule T.	
						Officeholder/			rity certificate	
						Officeriolder	camp	aigii secu	my certificate	
	Complete ONLY if direct	Condidate/C	Officeholder name	Off	ice sough	<u> </u>		Office he	ald	
	expenditure to benefit C/O		miceriolder flame	Oili	ice sougi	п		Office III	eiu	
		<u> </u>								
	Date	Payee nan	ne							
	01/01/2024	Google								
	Amount (\$)	Payee add	ress; City;	State;	Zip Code	9				
	\$37.94	1600 Am	phitheater							
		Mountain	View, CT 94043							
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedu	ule) (i) Description				
	OF EXPENDITURE	Office Ov	erhead/Rental Exper	nse					plete Schedule T.	
						Campaign er			g expense	
						Campaign el	nan e	vhelise		
	Complete ONLY !! -!!	Condidate (C	Office holder reserve	0"	ioo ==::-'	<u></u>		Office	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Offi	ice sough	IL		Office h	eiu	
_										

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/Political C Credit Card Payment	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	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 27/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4 Date	5 Payee name
02/01/2024	Google
6 Amount (\$) \$37.94	7 Payee address; City; State; Zip Code 1600 Amphitheater Mountain View, CT 94043
8 PURPOSE (OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/01/2024	Google
Amount (\$) \$37.94	Payee address; City; State; Zip Code 1600 Amphitheater
	Mountain View, CT 94043
PURPOSE (OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/02/2024	Google
Amount (\$) \$38.37	Payee address; City; State; Zip Code 1600 Amphitheater
	Mountain View, CT 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/01/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	1600 Amphitheater
		Mountain View, CT 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign email expense
		Campaigh email expense
_	Operation ONLY if allowed	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	06/03/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	1600 Amphitheater
		Mountain View, CT 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign email expense
		Campaigh email expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/25/2024	Grand Hyatt San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$521.40	600 East Market St
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Hotel Check if travel outside of Texas. Complete Schedule T.
		Compaign botal for convention
		Campaign hotel for convention
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	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 Committ

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/25/2024	Grand Hyatt San Antonio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$656.31	600 East Market St
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Hotel Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign hotel for convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/25/2024	Grand Hyatt San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$973.71	600 East Market St
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Hotel Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign hotel for convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Data	Para and a second
	Date 01/25/2024	Payee name Harris, Jennifer (Ms.)
	Amount (\$) \$580.12	Payee address; City; State; Zip Code 215 Southland Dr.
	φ360.12	213 Southland Dr.
		Lumborton TV 776E7
		Lumberton, TX 77657
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/wages/Contract Labor Check if Austin, TX, officeholder living expense
		Campaign payroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<u> </u>

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

	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: 30/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	02/25/2024	Harris, Jennifer (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$580.12	215 Southland Dr.
		Lumberton, TX 77657
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/26/2024	Harris, Jennifer (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$580.12	215 Southland Dr.
		Lumberton, TX 77657
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/29/2024	Harris, Jennifer (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$580.12	215 Southland Dr.
		Lumberton, TX 77657
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962
4	Date	5 Payee name	•
l	05/25/2024	Harris, Jennifer (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$580.12	215 Southland Dr.	
l			
l		Lumberton, TX 77657	
8	PURPOSE		Description
ľ	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Caranico, magos, cominact 2000.	Check if Austin, TX, officeholder living expense
l			Campaign payroll expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialture to beliefit C/OI	'	
Г	Date	Payee name	
l	06/24/2024	Harris, Jennifer (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$580.12	215 Southland Dr.	
l			
l		Lumberton, TX 77657	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE		Check if Austin, TX, officeholder living expense
l			Campaign payroll expense
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office held
⊨			
	Date	Payee name	
L	01/23/2024	Hoover's Cooking	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$146.26	2002 Manor Rd.	
		Austin, TX 78722	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Officeholder & staff meeting to discuss interim issues
			CConolider & Stan mooting to discuss interim issues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		S55 Hold
\vdash			

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	- (I Committee L	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/\	xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)
	Sch: 32/81 Rpt:	Nichols, Rob	ert Lee (The Honora	ble)				00035962	
4	Date	5 Payee name							
L	04/25/2024	Hoover's Co	oking						
6	Amount (\$)	7 Payee address		State; Zip Co	ode				
	\$136.93	2002 Manor	Rd.						
		Austin, TX 7	8722						
8	PURPOSE OF		e Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Food/Bevera	ige Expense			=		de of Texas. Com officeholder living	plete Schedule T. gexpense
						_			ss interim issues
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office sou	ight			Office he	eld
	oxperialitate to beliefit G/Of	•							
	Date	Payee name							
	06/13/2024	Hoover's Co							
	Amount (\$)	Payee address		State; Zip Co	ode				
	\$95.85	2002 Manor	Rd.						
		Austin, TX 7	8722						
	PURPOSE OF		e Categories listed at the top of	this schedule)	(b)	Description	_		
	EXPENDITURE	Food/Bevera	age Expense			=		de of Texas. Com officeholder living	plete Schedule T. 1 expense
						_			ss interim issues
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ught			Office he	eld
L	expenditure to benefit C/O	1 							
	Date	Payee name							
	01/08/2024	Jacksonville	Daily Progress						
	Amount (\$)	Payee address	s; City;	State; Zip Co	ode				
	\$510.00	525 E.Comm	nerce						
		Jacksonville,	, TX 75766						
	PURPOSE	(a) Category (See	e Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising E	Expense			_		de of Texas. Com officeholder living	plete Schedule T.
						Officeholder/o			
								,	3
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/O	1			-				

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

	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: 33/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962
4	Date	5 Payee name	
	05/09/2024	Jacksonville Daily Progress	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$225.00	525 E.Commerce	
		Jacksonville, TX 75766	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/ Advertising Expense	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense r/campaign newspaper advertising
		563	, campaign nemeraper acrossessing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	01/25/2024	Jeter, Amy (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,276.42	5608 Mount Bonnell Rd.	
	, , -		
		Austin, TX 78731	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
	LAPENDITORE		in, TX, officeholder living expense
		Campaign p	payroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Data	Davies same	
	Date 02/25/2024	Payee name Jeter, Amy (Ms.)	
	Amount (\$) \$1,276.42	Payee address; City; State; Zip Code 5608 Mount Bonnell Rd.	
	\$1,270.42	3000 Mount Bonnell Ru.	
		Augtin TV 70721	
		Austin, TX 78731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	tin, TX, officeholder living expense
		Campaign p	payroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O	<u> </u>	

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/Political Co Credit Card Payment						
		· · · · · · · · · · · · · · · · · · ·				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
	Sch: 34/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962			
4	Date	5 Payee name				
	03/26/2024	Jeter, Amy (Ms.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,276.42	5608 Mount Bonnell Rd.				
		Austin, TX 78731				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Galaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T.			
		l	, TX, officeholder living expense			
		Campaign pa	syroli experise			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold			
9	Complete ONLY if direct expenditure to benefit C/OI		Office held			
H	Date	Payee name				
	04/29/2024	Jeter, Amy (Ms.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,276.42	5608 Mount Bonnell Rd.				
	Ψ1,210.42	3000 Would Borniell Na.				
		A				
		Austin, TX 78731				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.			
		I ₩	, TX, officeholder living expense Lyroll expense			
		Campaign pa	syroli experise			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI		Office field			
-	D :	_				
	Date	Payee name				
	05/25/2024	Jeter, Amy (Ms.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,276.42	5608 Mount Bonnell Rd.				
		Austin, TX 78731				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		outside of Texas. Complete Schedule T.			
	EXI ENDITORE	l	, TX, officeholder living expense			
		Campaign pa	yroll expense			
_	0 1: 0:::::::::::::::::::::::::::::::::		0" 111			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
		•				
	ms provided by Tevas E	thics Commission www.athics state ty us	Version V// 1 0 d378aha0			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 35/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	06/24/2024	Jeter, Amy (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,276.42	5608 Mount Bonnell Rd.
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign payroll expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2024	Kalin's Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 238
		Woodlake, TX 75865
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Officeriolder/campaign donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H	Date	Payee name
	02/08/2024	Kountze Chamber of Commerce
	Amount (\$) \$225.00	Payee address; City; State; Zip Code 800 Redwood St
	\$225.00	800 Reawood St
		November TV 77005
		Kountze, TX 77625
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Figure 5 Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder sponsorship for Chamber Banquet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 36/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962
4	Date	5 Payee name	
	01/02/2024	Lilly & Company, L.L.C.	
6	Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 1005 Congress Ave., Ste 400 Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
	EXPENDITURE	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense gn monthly retainer
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	02/13/2024	Lilly & Company, L.L.C.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,500.00	1005 Congress Ave., Ste 400	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
	EXPENDITURE	1 003	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		I	gn monthly retainer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/06/2024	Lilly & Company, L.L.C.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,500.00	1005 Congress Ave., Ste 400	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
	EXPENDITURE	1003	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		·	gn monthly retainer
		Campai	Jy
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 37/81 Rpt:	Nichols, Robert Lee (The Honorable)
4 Date	
	- Lyss mans
04/03/2024	Lilly & Company, L.L.C.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,500.00	1005 Congress Ave., Ste 400
	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Campaign monthly retainer
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
05/07/2024	Lilly & Company, L.L.C.
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	1005 Congress Ave., Ste 400
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Campaign monthly retainer
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
06/06/2024	Lilly & Company, L.L.C.
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	1005 Congress Ave., Ste 400
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Campaign monthly retainer
Complete ONE V if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p. 1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	dit Card Payment	The Instruction Guide explains how to co	Ŭ	ete this form.
1 Tota	l pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
	Sch: 38/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962	
4 Date		5 Payee name		•
06/0	06/2024	Lufkin Daily News		
6 Amo	unt (\$)	7 Payee address; City; State; Zip C	ode	
	\$482.90	300 E. Ellis		
		Lufkin, TX 75904		
8 F	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXI	OF PENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
LA	LNDITORE			Check if Austin, TX, officeholder living expense
				Officeholder/campaign newspaper advertising
0 0	and the CAN Wife disease	Open districts (Office In all decomposition		Office hold
	plete <u>ONLY</u> if direct enditure to benefit C/OI	Candidate/Officeholder name Office soil	ugnt	Office held
Date		Payee name		
01/0	08/2024	Lufkin/Angelina County Chamber of Commerc	е	
Amo	unt (\$)	Payee address; City; State; Zip C	ode	
	\$360.00	1615 S Chestnut St,		
		Lufkin, TX 75901		
F	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
FXI	OF PENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LIIDITORE			Check if Austin, TX, officeholder living expense
				Officeholder annual membership
Com	plete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	enditure to benefit C/OI		agrit	Office field
Date		Payee name		
	08/2024	Lufkin/Angelina County Chamber of Commerc		
Amo	unt (\$)	Payee address; City; State; Zip C	ode	
	\$120.00	1615 S Chestnut St,		
		Lufkin, TX 75901		
F	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXI	OF PENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Officeholder/staff to attend annual chamber banquet
				Coc.iodei/otali to attend annual oriamber banquet
Com	plete ONLY if direct	Candidate/Officeholder name Office so	laht	Office held
	enditure to benefit C/OI		agrit	Since Hold

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		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse P S		ense ges/Contract Labo		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers	s)
L	Sch: 39/81 Rpt:	Nichols, Ro	bert Lee (The Hono	rable)				00035962		
4	Date	5 Payee name								
	01/25/2024	Lufkin/Ange	elina County Chamb	er of Com	nmerce					
6	Amount (\$)	7 Payee addre	ss; City;	State; 2	Zip Coc	e				
	\$25.00	1615 S Che	estnut St,							
		Lufkin, TX	75901							
8	PURPOSE	(a) Category (s	ee Categories listed at the top	of this schedu	ıle)	b) Description	n			
	OF		rage Expense	or this serieud		·		de of Texas. Com	plete Schedule T.	
	EXPENDITURE							officeholder living		
						Officehol	der staf	ff to attend l	uncheon	
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Offi	ice soug	ht		Office he	eld	
	Date	Payee name								
	02/13/2024	Lufkin/Ange	elina County Chamb	er of Com	merce					
	Amount (\$)	Payee addre	ss; City;	State; 2	Zip Cod	e				
	\$75.00	1615 S Che	•	•	-					
			•							
		Lufkin, TX	75901							
	PURPOSE OF		ee Categories listed at the top	of this schedu	ule)	b) Description				
	EXPENDITURE	Event Expe	ense					de of Texas. Com officeholder living		
									nd annual banquet	
							🕶 💆	to allo		
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Offi	ice soug	ht		Office he	eld	
	expenditure to benefit C/Oh			Ç	9			200 110		
\vdash	Date	Dove =====								
	03/06/2024	Payee name	elina County Chamb	er of Com	merce					
_										
	Amount (\$)	Payee addre		State; 2	∠ıp Coc	e				
	\$20.00	1615 S Che	esinut St,							
		Lufkin, TX	75901							
	PURPOSE	(a) Category 19	ee Categories listed at the top	of this schedu	_{ile)}	b) Description	n			
	OF EXPENDITURE	,	rage Expense		,	Check if t	travel outsi	de of Texas. Com		
	EXPENDITURE							officeholder living		
						Officehol	der staf	ff to attend r	neeting	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Offi	ice soug	ht		Office he	eld	
	experience to beliefft C/Or	•								

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	01/25/2024	Lupton, Angus (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,825.67	8700 Fritsch Dr.
		Austin, TX 78717
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign payroll expense
		Campaign payron expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dayso name
	02/25/2024	Payee name Lupton, Angus (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,825.67	8700 Fritsch Dr.
		A . (1) TV 70747
		Austin, TX 78717
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/26/2024	Lupton, Angus (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,825.67	8700 Fritsch Dr.
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign payroll expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

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

Candidate/Officenoider/Politic 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: 41/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4 Date	5 Payee name
04/30/2024	Lupton, Angus (Mr.)
6 Amount (\$) \$3,825.67	7 Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/25/2024	Lupton, Angus (Mr.)
Amount (\$) \$3,825.67	Payee address; City; State; Zip Code 8700 Fritsch Dr.
	Austin, TX 78717
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/24/2024	Lupton, Angus (Mr.)
Amount (\$) \$3,825.67	Payee address; City; State; Zip Code 8700 Fritsch Dr.
	Austin, TX 78717
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 42/81 Rpt:	2 FILER NAME 3 Filer ID (Ethics Coll Nichols, Robert Lee (The Honorable) 00035962	mmission Filers)
4	Date 03/26/2024	5 Payee name Martinez, Mckenna (Ms.)	
6	Amount (\$) \$549.00	7 Payee address; City; State; Zip Code 3604 Flamevine Cv Austin, TX 78735	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Campaign payroll expense	т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held DH	
	Date 04/29/2024	Payee name Martinez, Mckenna (Ms.)	
	Amount (\$) \$1,098.03	Payee address; City; State; Zip Code 3604 Flamevine Cv Austin, TX 78735	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Campaign payroll expense	т.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 05/24/2024	Payee name Martinez, Mckenna (Ms.)	
	Amount (\$) \$1,098.03	Payee address; City; State; Zip Code 3604 Flamevine Cv	
		Austin, TX 78735	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Campaign payroll expense	т.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 43/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4 Date	5 Payee name
06/24/2024	Martinez, Mckenna (Ms.)
6 Amount (\$) \$1,098.03	7 Payee address; City; State; Zip Code 3604 Flamevine Cv Austin, TX 78735
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	Para and a second secon
Date 06/13/2024	Payee name McAfee
Amount (\$) \$54.11	Payee address; City; State; Zip Code 2821 Mission College Blvd
	Santa Clara, CA 95054
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign virus protection
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 02/29/2024	Payee name Mimsy's
Amount (\$) \$163.15	Payee address; City; State; Zip Code 1979 South 5th St
	Crockett, TX 75835
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder meeting with County Officials
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office C Polling I ense Printing Salaries	expens Expens Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
Ļ				explains now to t	onipi	ete tilis loilli.	-		
1	Total pages Schedule F1: Sch: 44/81 Rpt:		E obert Lee (The Hond	orable)			3	Filer ID 00035962	(Ethics Commission Filers)
4	Date	5 Payee name	!				_		
	01/25/2024	Missildine,	Wyma (Ms.)						
6	Amount (\$) \$3,458.70	7 Payee addre 380 An Co	Rd 414	State; Zip C	Code				
8	PURPOSE OF EXPENDITURE		iee Categories listed at the top ages/Contract Labor		(b)	_	, TX	de of Texas. Composition officeholder living oll expense	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ought			Office he	eld
	Date	Payee name							
	02/25/2024		Wyma (Ms.)						
	Amount (\$) \$3,458.70	Payee addre 380 An Co		State; Zip C	Code				
		Palestine, ⁻	TX 75803						
	PURPOSE OF EXPENDITURE		iee Categories listed at the top ages/Contract Labor		(b)		, TX	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		iceholder name	Office so	ought			Office he	eld
	Date 03/26/2024	Payee name Missildine,	Wyma (Ms.)						
	Amount (\$) \$3,458.70	Payee addre	Rd 414	State; Zip C	ode				
		Palestine,			-				
	PURPOSE OF EXPENDITURE		iee Categories listed at the top ages/Contract Labo		(b)	ш	, TX	de of Texas. Com officeholder living oll expense	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T. 1 0 1 1 54	<u> </u>
1	Total pages Schedule F1: Sch: 45/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962
_	Data	F. Davidson
4	Date 04/29/2024	5 Payee name Missilding Mayma (Ms.)
		Missildine, Wyma (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,458.70	380 An Co Rd 414
		Palestine, TX 75803
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign payroll expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefft C/Oi	
	Date	Payee name
	05/25/2024	Missildine, Wyma (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,458.70	380 An Co Rd 414
		Palestine, TX 75803
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign payroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/24/2024	Missildine, Wyma (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,458.70	380 An Co Rd 414
	40, 100.110	
		Palestine, TX 75803
		In .
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll expense
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Commit

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	
_		
1	Total pages Schedule F1:	
	Sch: 46/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	01/02/2024	Nacogdoches County Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	` '	
	\$150.00	2516 North St.
		Nacogdoches, TX 75965
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Officeholder annual membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Douge name
		Payee name
	02/08/2024	Nacogdoches County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 630866
		Nacogdoches, TX 75963
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign staff annual membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit 6/01	1
	Date	Payee name
	01/26/2024	Nichols, Robert L. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P. O. Box 1591
	Ψ000.00	
		1. J.
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Schedule G reimbursement expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 47/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	02/25/2024	Nichols, Robert L. (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P. O. Box 1591
		Jacksonville, TX 75766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Schedule G reimbursements
		Scriedule & reimbursements
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davida dama
	03/26/2024	Payee name Nichols, Robert L. (Mr.)
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 1591
	φ300.00	F. O. BOX 1391
		looksonville, TV 75766
		Jacksonville, TX 75766
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Schedule G Reimbursements
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitire to beliefit C/Of	
	Date	Payee name
	04/29/2024	Nichols, Robert L. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P. O. Box 1591
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Schedule G reimbursement
		Co. Isaa C. Siinisa Siinisii
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

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: 48/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/26/2024	Nichols, Robert L. (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P. O. Box 1591
		Jacksonville, TX 75766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense Schedule G Reimbursement
		Schedule o Kelmbulschieft
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	06/24/2024	Nichols, Robert L. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P. O. Box 1591
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense Schedule G reimbursement
		Schedule & Tellibursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	01/25/2024	O'Jibway, Cristina (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,729.35	2313 W. 8th St
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign payroll expense
		Campaign payron 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) Event Expense

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

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	ı Filers)
Sch: 49/81 Rpt: Nichols, Robert Lee (The Honorable) 00035962	
4 Date 5 Payee name	
02/25/2024 O'Jibway, Cristina (Ms.)	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$1,729.35 2313 W. 8th St	
Austin, TX 78703	
8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Campaign payroll expense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
03/26/2024 O'Jibway, Cristina (Ms.)	
Amount (\$) Payee address; City; State; Zip Code	
\$1,729.35 2313 W. 8th St	
Austin, TX 78703	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Charlier A Manager (Countries to be not as a few points of the schedule) (b) Description	
EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Campaign payroll expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
04/29/2024 O'Jibway, Cristina (Ms.)	
Amount (\$) Payee address; City; State; Zip Code	
\$78.60 2313 W. 8th St	
Austin, TX 78703	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Campaign payroll expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Cano	utions/ Donations Made By didate/Officeholder/Politica Card Payment		
1 Total	ages Schedule F1:		
· ·	h: 50/81 Rpt:	Nichols, Robert Lee (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035962
4 Date		5 Payee name	
01/17/2	2024	Optimum	
6 Amount	t (\$) \$151.75	7 Payee address; City; State; Zip Code P.O. Box 70340	
		Phildelphia, PA 19176	
	RPOSE OF	1	Description
	NDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign internet service
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date		Payee name	
02/17/2	2024	Optimum	
Amount	t (\$)	Payee address; City; State; Zip Code	
	\$151.75	P.O. Box 70340	
		Phildelphia, PA 19176	
	RPOSE OF NDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign internet expense
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
Date		Payee name	
03/17/2	2024	Optimum	
Amount	t (\$) \$162.37	Payee address; City; State; Zip Code P.O. Box 70340	
		Phildelphia, PA 19176	
	RPOSE OF NDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign internet service
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 51/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962
4	Date 04/17/2024	5 Payee name Optimum
6	Amount (\$) \$162.37	7 Payee address; City; State; Zip Code P.O. Box 70340
8	PURPOSE OF EXPENDITURE	Phildelphia, PA 19176 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign internet
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/18/2024	Payee name Optimum Chan Zie Oode
	Amount (\$) \$162.37	Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign internet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/17/2024	Payee name Optimum
	Amount (\$) \$162.37	Payee address; City; State; Zip Code P.O. Box 70340
		Phildelphia, PA 19176
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign internet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense 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

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 52/81 Rpt:	Nichols, Robert Lee (The Honorable)
4 Data	F.D.
	5 Payee name
01/02/2024	Raconteur Media Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P. O. Box 26511
	Austin, TX 78755
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Officeholder/campaign Digital Strategy & Account
	Services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1
Date	Payee name
01/02/2024	Raconteur Media Company
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$59.80	P. O. Box 26511
	Austin, TX 78755
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUES	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Officeholder/campaign Email Blasts
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1
Date	Davisa nama
	Payee name
02/08/2024	Raconteur Media Company
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P. O. Box 26511
	Austin, TX 78755
PURPOSE	In.
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Officeholder/campaign Digital Strategy & Account
	Services
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 53/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962
4	Date 02/08/2024	5 Payee name Raconteur Media Company
6	Amount (\$) \$59.80	7 Payee address; City; State; Zip Code P. O. Box 26511 Austin, TX 78755
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign blast email services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/06/2024	Payee name Raconteur Media Company
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P. O. Box 26511
	PURPOSE OF EXPENDITURE	Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign Digital Strategy & Account Services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/06/2024	Payee name Raconteur Media Company
	Amount (\$) \$59.80	Payee address; City; State; Zip Code P. O. Box 26511
		Austin, TX 78755
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign blast email Services
	Complete ONLY 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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 54/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962
4	Date 04/03/2024	5 Payee name Raconteur Media Company
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P. O. Box 26511
8	PURPOSE OF EXPENDITURE	Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign Digital Strategy & Account Services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/03/2024	Payee name Raconteur Media Company
	Amount (\$) \$59.80	Payee address; City; State; Zip Code P. O. Box 26511 Austin, TX 78755
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign email services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/07/2024	Payee name Raconteur Media Company
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P. O. Box 26511
		Austin, TX 78755
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign Digital Strategy & Account Services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 55/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/07/2024	Raconteur Media Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.80	P. O. Box 26511
		Austin, TX 78755
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
		Officeholder/campaign email blast
		a maanaan panga amaa amaa
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/06/2024	Raconteur Media Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P. O. Box 26511
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Officeholder/campaign digital strategy & account
		services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/06/2024	Raconteur Media Company
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$59.80	P. O. Box 26511
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense Officeholder & campaign blast email services
		Officeriolder & Campaigh blast email services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		/ - al Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide	explains how to	comple	ete this form.			
1	Total pages Schedule F1: Sch: 56/81 Rpt:		E obert Lee (The Hond	orable)			3	Filer ID 00035962	(Ethics Commission Filers)
4	Date 02/08/2024	5 Payee name Reconteur	e Media Company						
6	Amount (\$) \$500.00	7 Payee addre P. O. Box 2 Austin, TX	26511	State; Zip	Code				
8	PURPOSE OF EXPENDITURE		See Categories listed at the top	p of this schedule)	(b)		ı, TX, can	, officeholder livin npaign	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office s	ought			Office h	eld
	Date 02/08/2024	Payee name Republicar	e n Party of Texas						
	Amount (\$) \$5,000.00	Payee addre	St #915	State; Zip	Code				
	PURPOSE OF EXPENDITURE		See Categories listed at the top	p of this schedule)	(b)		ı, TX	, officeholder livin	nplete Schedule T. Ig expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Office s	ought			Office h	eld
	Date 02/08/2024	Payee name Republicar	e n Party of Texas						
	Amount (\$) \$250.00	Payee addre	St #915	State; Zip	Code				
	PURPOSE				(h)	Description			
	OF EXPENDITURE	Contributio	See Categories listed at the top ons/Donations Made /Officeholder/Politica	Ву		Check if travel Check if Austin	ı, TX	, officeholder livin	mplete Schedule T. Ig expense ip at convention
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office h	eld

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/Ar

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manne Coloradolo 54	,
1	Total pages Schedule F1:	
	Sch: 57/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/07/2024	Republican Party of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$395.00	211 E 7th St #915
	,	
		Auctin TV 70701
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign convention
		registration fees
<u>_</u>	Complete ONLY !! -!!	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/08/2024	Republican Women of Trinity County
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	P. O. Box 1916
		Trinity, TX 75862
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Campaign staff annual membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	Date 03/11/2024	Payee name Republican Women of Trinity County
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 1916
		Trinity, TX 75862
	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.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Campaign sponsorship of Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	ilore)
_	Sch: 58/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962	ileis)
4	Date	5 Payee name	
	01/17/2024	Shep's BBQ	
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1013 E. Palestine Avenue	
		Palestine, TX 75801	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Officeholder portion of And County Law Enforc	ement
		luncheon	CITICIT
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit or of		
	Date	Payee name	
	01/25/2024	Sierra-Ortega, Jonathan (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,044.22	6910 Hart #60	
		Austin, TX 78731	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Campaign payroll expense	
		Campaign payron expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI)H	
	Date	Payee name	
	02/25/2024	Sierra-Ortega, Jonathan (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,044.22	6910 Hart #60	
		Austin, TX 78731	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign payroll expense	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

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

Polling Expense Travel in District
Printing Expense Travel Out of District
Salaries/Wages/Contract Labor OTHER (enter a category not listed above)

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

Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 59/81 Rpt: Nichols, Robert Lee (The Honorable) 00035962 4 Date Payee name 03/26/2024 Sierra-Ortega, Jonathan (Mr.) 6 Amount (\$) Payee address; City; State; Zip Code \$1,044.22 6910 Hart #60 Austin, TX 78731 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. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign payroll expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/29/2024 Sierra-Ortega, Jonathan (Mr.) Amount (\$) Payee address; City; State; Zip Code \$1,044.22 6910 Hart #60 Austin, TX 78731 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign payroll expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/25/2024 Sierra-Ortega, Jonathan (Mr.) Amount (\$) Payee address: City: State; Zip Code \$1,044.22 6910 Hart #60 Austin, TX 78731

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Campaign payroll expense

(a) Category (See Categories listed at the top of this schedule)

Salaries/Wages/Contract Labor

Candidate/Officeholder name

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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: 60/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	06/24/2024	Sierra-Ortega, Jonathan (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,044.22	6910 Hart #60
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign payroll expense
		Campaign payroll expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
	01/25/2024	Payee name
		Slaton, Michele (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,277.60	1835 Byrd
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign payroll expense
		Campaign payroll expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/25/2024	Slaton, Michele (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,277.60	1835 Byrd
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign payroll expense
		Campaign payron expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 61/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962
4	Date 03/26/2024	5 Payee name Slaton, Michele (Ms.)
6	Amount (\$) \$1,277.60	7 Payee address; City; State; Zip Code 1835 Byrd
		Jacksonville, TX 75766
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/29/2024	Payee name Slaton, Michele (Ms.)
	Amount (\$) \$1,277.60	Payee address; City; State; Zip Code 1835 Byrd
		Jacksonville, TX 75766
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/25/2024	Payee name Slaton, Michele (Ms.)
	Amount (\$) \$1,277.60	Payee address; City; State; Zip Code 1835 Byrd
		Jacksonville, TX 75766
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Gift/Awards/Memorials E Legal Services The Instruction Gui			ges/Contract Labor	Travel Out of Distri OTHER (enter a ca	ct ategory not listed above)
Ļ	-	. : =		uc expiailis IIU	JVV 10 COII	ipiete tilia lullii.	la =:: :=	(Eillin On a 1 1 = ")
1	Total pages Schedule F1:							(Ethics Commission Filers)
	Sch: 62/81 Rpt:	<u> </u>	ols, Robert Lee (The Ho	norable)			00035962	
4	Date	5 Payee						
L	06/24/2024	Slato	n, Michele (Ms.)					
6	Amount (\$)	7 Payee	address; City;	State;	Zip Cod	e		
	\$777.60	1835	Byrd					
		Jacks	sonville, TX 75766					
8	PURPOSE	(a) Categ	Ory (See Categories listed at the	top of this sched	lule) (b) Description		
	OF EXPENDITURE		ies/Wages/Contract Lal			Check if travel	outside of Texas. Comple	ete Schedule T.
	EXPENDITURE		-				n, TX, officeholder living e	xpense
						Campaign pa	ayroll expense	
L								
9	Complete ONLY if direct		ate/Officeholder name	Off	fice soug	ht	Office held	1
	expenditure to benefit C/OI	H 						
	Date	Payee	name					
L	01/25/2024	Stora	ge Center - Jacksonville	e				
	Amount (\$)	Payee	address; City;	State;	Zip Cod	е		
	\$390.00	1300	E. Pine St.					
		Jacks	sonville, TX 75766					
	PURPOSE OF		Ory (See Categories listed at the		lule)	b) Description		
	EXPENDITURE	Office	e Overhead/Rental Expe	ense		<u> </u>	outside of Texas. Comple	
							n, TX, officeholder living e	xperise
						Campaign st	orage lees	
<u> </u>	Complete ONLY if divert	Conditi	oto/Officoholder =====	0"	fine as:::	ht	Office half	1
	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Off	fice soug	IIL	Office held	ı
	·							
	Date	1 1	e name					
	03/26/2024	Stora	ge Center - Jacksonville	9				
	Amount (\$)	Payee	e address; City;	State;	Zip Cod	e		
	\$390.00	1300	E. Pine St.					
		Jacks	sonville, TX 75766					
	PURPOSE	(a) Categ	Ory (See Categories listed at the	top of this sched	lule)	b) Description		
	OF EXPENDITURE	1	e Overhead/Rental Expe			ш	outside of Texas. Comple	
	LAFENDITURE		·				n, TX, officeholder living e	xpense
						Campaign st	orage fees	
	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Off	fice soug	ht	Office held	d
	CAPETIGITUTE TO DETICITE C/OI	· •						

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 63/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	06/24/2024	Storage Center - Jacksonville
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$390.00	1300 E. Pine St.
		Jacksonville, TX 75766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Compaign storage fees
		Campaign storage fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	01/08/2024	Texas Mailhouse, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$440.63	P. O. Box 141248
		Austin, TX 78714
	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 Officeholder & Campaign mail processing
		Officerolider & Campaign mail processing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 02/13/2024	Payee name
		Texas Mailhouse, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$331.10	P. O. Box 141248
		Austin, TX 78714
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign mail process for event
		Campaign man process for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 64/81 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)Nichols, Robert Lee (The Honorable)00035962
4	Date 02/13/2024	5 Payee name Texas Mailhouse, Inc.
6	Amount (\$) \$662.46	7 Payee address; City; State; Zip Code P. O. Box 141248
8	PURPOSE OF EXPENDITURE	Austin, TX 78714 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign mail processing for event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/13/2024	Payee name Texas Workforce Commission
	Amount (\$) \$5.18	Payee address; City; State; Zip Code P. O. Box 149037 Austin, TX 78714
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/28/2024	Payee name Texas Workforce Commission
	Amount (\$) \$151.80	Payee address; City; State; Zip Code P. O. Box 149037
		Austin, TX 78714
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expenses
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Concept Card Payment		o complete this form. The Control District OTHER (enter a category not listed above)		
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 65/81 Rpt:	Nichols, Robert Lee (The Honorable)	00035962		
4 Date 5	Payee name			
06/28/2024	Texas Workforce Commission			
6 Amount (\$) 7 \$64.85	Payee address; City; State; Zip P. O. Box 149037	Code		
	Austin TV 70714			
8 PURPOSE (a	Austin, TX 78714	(b) December		
OF (6	(See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Salaries/ Wages/Corniact Labor	Check if Austin, TX, officeholder living expense		
		Campaign payroll expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought Office held		
Date	Payee name			
05/07/2024	The Austin Club			
Amount (\$)	Payee address; City; State; Zip	Code		
\$286.60	110 E. 9th St.			
	Austin, TX 78701			
PURPOSE (a	a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Campaign event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought Office held		
Date	Payee name			
05/22/2024	The RK Culinary Group			
Amount (\$)	Payee address; City; State; Zip	Code		
\$10,629.10	900 E. Market St	0000		
Ψ10,023.10	300 L. Market St			
	San Anrtonio, TX 78205			
PURPOSE (a	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 Candidate convention refeshments		
		Sandado convention releasiments		
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held		
expenditure to benefit C/OH	Candidate/Officeriolder Hairie Office	Jought Office Held		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 66/81 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nichols, Robert Lee (The Honorable) 00035962
-	
4 Date	5 Payee name
06/10/2024	The RK Culinary Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$726.36	900 E. Market St
	Can Antonia TV 7020E
	San Anrtonio, TX 78205
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
	Campaign additional convention food charge
	Campaigh additional convention rood charge
O Committee Chillian III	On this to 10 ff a shall do no many
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/13/2024	Theresa Neal Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$173.20	2204 Indian Trail
	Austin, TX 78703
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign graphic design for event
	Campaign grapme design for event
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/07/2024	Theresa Neal Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$194.85	2204 Indian Trail
	Austin, TX 78703
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign graphics for invitation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 67/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962			
4	Date 02/13/2024	5 Payee name U. S Postal Service - Austin			
6	Amount (\$) \$277.62	7 Payee address; City; State; Zip Code 2222 Guadalupe S			
8	PURPOSE OF EXPENDITURE	Austin, TX 78705 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign postage for event			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date 01/09/2024	Payee name U.S. Postal Service Jville			
	Amount (\$) \$20.35	Payee address; City; State; Zip Code 400 W. Rusk Jacksonville, TX 75766			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder postage			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date 03/08/2024	Payee name U.S. Postal Service Jville			
	Amount (\$) \$136.00	Payee address; City; State; Zip Code 400 W. Rusk			
		Jacksonville, TX 75766			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign postage			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

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: 68/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	04/03/2024	U.S. Postal Service Jville
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.35	400 W. Rusk
		Jacksonville, TX 75766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder postage
		Officeriolder postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
⊨	Date	Payee name
	03/08/2024	U.S. Postal Service Jville
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.00	400 W. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder/campaign postage
		Officeriolder/campaign postage
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davida marra
	06/07/2024	Payee name U.S. Postal Service Jville
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.00	400 W. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign postage
		Campaign postage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 69/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	01/26/2024	U.S. Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,970.01	Internal Revenue Service
		Ogden, UT 84201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign payroll expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
┡	· 	
	Date	Payee name
L	02/26/2024	U.S. Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,970.01	Internal Revenue Service
		Ogden, UT 84201
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Campaign payroll expense
L	Operation ONLY if dispose	Open Fields (Office health and an annual to the control of the con
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	03/27/2024	U.S. Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,138.57	Internal Revenue Service
		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Campaign payroll expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
lacksquare		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		Legal Services The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 70/81 Rpt:	l	bert Lee (The Honora	able)				00035962	
4	Date	5 Payee name							
	05/28/2024	U.S. Treasเ	ıry						
6	Amount (\$) \$5,776.01	7 Payee address Internal Rev Ogden, UT	venue Service	State; Zip Co	ode				
8	PURPOSE OF		ee Categories listed at the top o	of this schedule)	(b)	Description			
	EXPENDITURE	Salaries/Wa	ges/Contract Labor			ш	, TX,	officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	04/11/2024	U.S. Treasเ	ıry						
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
	\$5,132.00	Internal Rev	venue Service						
		Ogden, UT							
	PURPOSE OF		ee Categories listed at the top o	f this schedule)	(b)	Description		df-T O	whether Carlo and the T
	EXPENDITURE	Federal inco	ome tax			=		officeholder living	plete Schedule T. g expense
						Campaign fed			
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	06/25/2024	U.S. Treasu	ıry						
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
	\$6,276.00	1	venue Service	, ,					
	, , , , , , , , , , , , , , , , , , , ,								
		Ogden, UT	84201						
	PURPOSE	(a) Category (Se	ee Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wa	ages/Contract Labor						plete Schedule T.
						Campaign pa		officeholder living	g expense
						Campaign pa	yıc	w evhense	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	laht			Office he	əld
	expenditure to benefit C/O		osorder marrie	Silico 300	~9·11			Cinoc III	···
_									

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

1

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

Credit Card r dyment		The Instruction Guide explains how to complete this form.			
Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)
Sch: 71/81 Rpt:		Nichols, Robert Lee (The Honorable)		00035962	
Date	5	Payee name			
01/25/2024	l	Wal-Mart Jville			

4	Date 01/25/2024	5 Payee name Wal-Mart Jville
6	Amount (\$) \$185.40	7 Payee address; City; State; Zip Code 1311 S. Jackson Jacksonville, TX 75766
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign office suplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/13/2024	Payee name Wall Street Journal
	Amount (\$) \$54.11	Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder monthly subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/10/2024	Payee name Wall Street Journal
	Amount (\$) \$54.11	Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
_	Sch: 72/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962			
4	Date	5 Payee name			
	03/08/2024	Wall Street Journal			
6	Amount (\$) \$54.11	7 Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder monthly subscription			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/08/2024	Wall Street Journal			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$54.11	1211 Ave of the Americas			
		New York, NY 10036			
	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			
		Officeholder newspaper subscription			
		Ciliconoladi Novopapoi casconplicii			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	06/03/2024	Wall Street Journal			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$54.11	1211 Ave of the Americas			
		New York, NY 10036			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	-	Check if Austin, TX, officeholder living expense			
		Officeholder newspaper subscription			
	Complete ONLY 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 Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 73/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	05/08/2024	Wall Street Journal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.11	1211 Ave of the Americas
		New York, NY 10036
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
		Officeholder newspaper subscription
		Cilicentitude Hewspaper Subscription
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/11/2024	Westbrooks Car Care Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.22	1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings
		Officeriolder iden to travel to frieetings
_	Operation ONLY if allowed	On didn't 10ff a halden game.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	02/02/2024	Westbrooks Car Care Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.30	1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Officeholder fuel to travel to meetings
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 74/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	02/13/2024	Westbrooks Car Care Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	1001 E. Rusk
		Jacksonville, TX 75766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings
		Officeriolder idea to traver to meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	02/16/2024	Westbrooks Car Care Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.65	1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder fuel to travel to event
		Officeriolder idea to traver to event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	03/14/2024	Westbrooks Car Care Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.80	1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Officeholder fuel to travel to meetings
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 75/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962
4	Date	5 Payee name
	04/02/2024	Westbrooks Car Care Center
6	Amount (\$) \$134.27	7 Payee address; City; State; Zip Code 1001 E. Rusk Jacksonville, TX 75766
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Campaign vehicle maintenance & fuel
		Campaign 10 non to a last
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2024	Westbrooks Car Care Center
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$69.65	1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Officeholder fuel to travel to meetings
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2024	Westbrooks Car Care Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.00	1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Officeholder fuel to travel to meetings
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 76/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	04/17/2024	Westbrooks Car Care Center
6	Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 1001 E. Rusk Jacksonville, TX 75766
Ļ	DUDD005	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Officeholder fuel to travel to meetings
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/27/2024	Westbrooks Car Care Center
_	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$77.00	1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Officeholder fuel to travel to meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/07/2024	Westbrooks Car Care Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.07	1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Officeholder fuel to travel to meetings
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
	Sch: 77/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962	
4	Date	5 Payee name	
	05/20/2024	Westbrooks Car Care Center	
6	Amount (\$) \$82.50	7 Payee address; City; State; Zip Code 1001 E. Rusk Jacksonville, TX 75766	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/13/2024	Westbrooks Car Care Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.00	1001 E. Rusk	
		Jacksonville, TX 75766	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meeting	
		Officeriolaer fact to draver to friceding	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	05/28/2024	Westbrooks Car Care Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.28	1001 E. Rusk	
		Jacksonville, TX 75766	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 78/81 Rpt:	2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962
4	Date 06/19/2024	5 Payee name Westbrooks Car Care Center
6	Amount (\$) \$68.00	7 Payee address; City; State; Zip Code 1001 E. Rusk
		Jacksonville, TX 75766
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/21/2024	Payee name Westbrooks Car Care Center
	Amount (\$) \$86.80	Payee address; City; State; Zip Code 1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/10/2024	Payee name Westbrooks Car Care Center
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 1001 E. Rusk
		Jacksonville, TX 75766
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings
	Complete ONLY if direct expenditure to benefit C/O	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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 79/81 Rpt:	Nichols, Robert Lee (The Honorable) 00035962
4	Date	5 Payee name
	06/20/2024	Westbrooks Car Care Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	1001 E. Rusk
		Jacksonville, TX 75766
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder fuel to travel to meetings
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/03/2024	Zoom Video Communications, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.09	55 Alamaden Blvd., 6th Floor
		San Jose, CA 95113
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Officeholder zoom services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/07/2024	Zoom Video Communications, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.09	55 Alamaden Blvd., 6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder zoom expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Com		Gift/Awards/Memorials E Legal Services			ages	/Contract Labor		Travel Out of D OTHER (enter a	istrict a category not listed above)
	Total pages Schedule F1: 2 FILER			The Instruction Gui	de explains	how to cor	nple	ete this form.	_		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 80/81 Rpt:	┝	Nichols, Rol	pert Lee (The Ho	norable)					00035962	
4	Date	1	Payee name								
	03/08/2024		Zoom Video	Communication	s, Inc.						
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de				
	\$34.09		55 Alamade	n Blvd., 6th Floo	r						
			San Jose, C	A 95113							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			nead/Rental Exp		,	-	_ `	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE			r						officeholder livin	
								Officeholder 2	Z00	m expense	es
L		L									
9	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	04/08/2024		Zoom Video	Communication	is, Inc.						
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de				
	\$34.09		55 Alamade	n Blvd., 6th Floo	r						
			San Jose, C	A 95113		-					
	PURPOSE			e Categories listed at the		nedule)	(b)	Description			
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense			=			mplete Schedule T.
	-							Officeholder 2		officeholder livin	ig expense
								Onicendiael 2	۷۵۷	л (1	
_	Complete ONLY !! -!!	<u> </u>	andidate Off	obolder re		Office and	7 h +			Off:!	ald
	Complete ONLY if direct expenditure to benefit C/OH		anuluate/Offi	ceholder name	C	Office sou	JII			Office h	ieiu
L		1									
	Date	ı	Payee name								
	05/08/2024		∠oom Video	Communication							
	Amount (\$)	ı	Payee addres			; Zip Co	de				
	\$34.09		55 Alamade	n Blvd., 6th Floo	r						
			San Jose, C	A 95113							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense			<u></u>			nplete Schedule T.
										officeholder livin	
								Officeholder 2	Z00	ım expense	!
	Commission ONU Wife allows	L	San dialata 100	. a la a la la u		Office	la +			0#:1	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		anuidate/Offi	ceholder name	C	Office sou	ynt			Office h	leiu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee I	egal Services	norials Expense	Printing Salaries	/Wages	s/Contract Labor		Travel Out of Di OTHER (enter a		ted above)
┰	Total pages Schedule F1:	2					-		3	Filer ID	(Ethics Con	nmission Filers)
ľ	Sch: 81/81 Rpt:	_	Nichols, Rob	ert Lee (T	he Honorab	le)				00035962	(Eurios Con	minosion i neroj
4	Date	5	Payee name									
	06/10/2024		Zoom Video	Communi	cations, Inc.							
6	Amount (\$)	7	Payee addres	s; City;	S	state; Zip C	Code					
l	\$34.09		55 Alamade	n Blvd., 6th	n Floor							
l												
			San Jose, C	A 95113								
8	PURPOSE	(a)	Category (See	e Categories list	ted at the top of th	is schedule)	(b)	Description				
l	OF EXPENDITURE		Office Overh							de of Texas. Com		т.
	LXI ENDITORE							_		officeholder living	j expense	
								Officeholder	Z00	m expense		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder nar	ne	Office so	ought			Office h	eld	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ai Comi	The Instruction Guide explains how to co	omplete this form.		OTHER (ent	er a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/8 Rpt: 112/121	l	Nichols, Robert Lee (The Honorable)			0003596	52
4	Date	5 1	Payee name				
	01/26/2024	ı	Center Point Energy				
6	Amount (\$)	_	Payee address; City; State; Zip C	nde			
•	\$38.00	l	P.O. Box 4981				
	Reimbursement from						
	X political contributions intended		Houston, TX 77252				
8	PURPOSE	. .	Category (See Categories listed at the top of this schedule)	(b) Description	Пс	heck if travel o	outside of Texas. Complete Schedule T.
_	OF	l` ′	Office Overhead/Rental Expense	(0, 1000	\Box c	heck if Austin,	TX, officeholder living expense
	EXPENDITURE			Jacksonville ca	npai	ign office	utilities
9		Cano	lidate/Officeholder name	Office sought			Office held
	expenditure to benefit C/OH						
		_					
	Date	l	Payee name				
	02/25/2024	<u> </u>	Center Point Energy				
	Amount (\$)	l	Payee address; City; State; Zip C	ode			
	\$38.00		P.O. Box 4981				
	Reimbursement from political contributions						
	intended		Houston, TX 77252				
	PURPOSE OF	l	Category (See Categories listed at the top of this schedule)	Description	_		outside of Texas. Complete Schedule T.
	EXPENDITURE	(Office Overhead/Rental Expense	1	_		TX, officeholder living expense
				Jacksonville Ca	mpa	ugn omce	utilities
	Complete ONLY if direct	Conc	lidate/Officeholder name	Office sought			Office held
	expenditure to benefit	Canc	ilidate/Officeriolder flame	Office Sought			Office field
	C/OH						
	Date	F	Payee name				
	03/26/2024	(Center Point Energy				
	Amount (\$)	F	Payee address; City; State; Zip C	ode			
	\$38.00	F	P.O. Box 4981				
	Reimbursement from						
	X political contributions intended	1	Houston, TX 77252				
	PURPOSE	(Category (See Categories listed at the top of this schedule)	Description	C	heck if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	(Office Overhead/Rental Expense		CI	heck if Austin,	TX, officeholder living expense
				Jacksonville ca	npai	ign office	utility
	Complete <u>ONLY</u> if direct expenditure to benefit	Cano	lidate/Officeholder name	Office sought			Office held
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printir al Committee Legal Services Salari	Overhead/Rental Expense Expense g Expense ess/Wages/Contract Labor	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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 113/121	Nichols, Robert Lee (The Honorable)		00035962
4	Date	5 Payee name		
	04/29/2024	Center Point Energy		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$38.00	P.O. Box 4981		
	Reimbursement from			
	X political contributions intended	Houston, TX 77252		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
			Jacksonville cam	paign office utility
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Davisa sama		
	05/26/2024	Payee name Center Point Energy		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$38.00	P.O. Box 4981	Coue	
		1.0. Box 4301		
	Reimbursement from political contributions intended	Houston, TX 77252		
			December 5	Observation of Taylor Consider Caberlain T
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Office Overhead/Rental Expense	lacksonville Cam	paign office utilities
			Guoricon vine Gui	paign omee aunuee
	Complete ONLY if direct	Landidate/Officeholder name	Office sought	Office held
	expenditure to benefit		, and the second	
	C/OH			
	Date	Payee name		
	06/24/2024	Center Point Energy		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$38.00	P.O. Box 4981		
	Reimbursement from political contributions			
	x political contributions intended	Houston, TX 77252		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
	-		Jacksonville Cam	paign office utilities
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed	
	oroun ouru r aymoni			The Instruction Guide explains	now to co	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commiss	sion Filers)
	Sch: 3/8 Rpt: 114/121		Nichols, Ro	bert Lee (The Honorable)				00035962	
4	Date	5	Payee name						
	01/26/2024		City of Jack	sonville					
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode			
	\$45.75		P. O. Box 1		·				
	Reimbursement from								
	X political contributions intended		Jacksonville	e, TX 75766					
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel outside of Texas. Comp	olete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Expense				eck if Austin, TX, officeholder living e	expense
	ZA ZADITORZ					Jacksonville cam	npai	gn office utilities	
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officel	nolder name		Office sought		Office held	
	Date		Payee name						
	02/25/2024		City of Jack	sonville					
_	Amount (\$)	┝	Payee addres		Zip Co	nde			
	\$45.75		P. O. Box 1	,	Zip Cc	oue			
			F. O. BOX 1	390					
	X Reimbursement from political contributions intended		Jacksonville	e, TX 75766					
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	edule)	Description [_	neck if travel outside of Texas. Comp	
	OF EXPENDITURE		Office Over	head/Rental Expense			_	eck if Austin, TX, officeholder living e	expense
						Jacksonville Can	npai	ign office utilities	
	•	Ca	ndidate/Officel	nolder name		Office sought		Office held	
	expenditure to benefit C/OH								
		_							
	Date		Payee name						
	03/26/2024		City of Jack	sonville					
	Amount (\$)		Payee addres	ss; City; State;	Zip Co	ode			
	\$45.75		P. O. Box 1	390					
	Reimbursement from								
	X political contributions intended		Jacksonville	e, TX 75766					
	PURPOSE	┢	Category (Se	ee Categories listed at the top of this sch	edule)	Description	Ch	eck if travel outside of Texas. Comp	olete Schedule T.
	OF			head/Rental Expense			=	eck if Austin, TX, officeholder living e	
	EXPENDITURE		011100 0 1011	noda/Nortical Expondo		Jacksonville cam	– ipaid	gn office utility	
								- ,	
	Complete ONLY if direct	Car	ndidate/Officeh	nolder name		Office sought		Office held	
	expenditure to benefit		5 601					223.1.0.0	
	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Po y - Gift/Awards/Memorials Expense Pri al Committee Legal Services Sa	ice Overhead/Rental Expense lling Expense nting Expense laries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
	orean oura'r aymen	The Instruction Guide explains how	to complete this form.							
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 4/8 Rpt: 115/121	Nichols, Robert Lee (The Honorable)		00035962						
4	Date	5 Payee name								
	04/29/2024	1 .,	City of Jacksonville							
6	Amount (\$)	7 Payee address; City; State; Zi	n Codo							
٥	\$45.75	P. O. Box 1390	p Code							
		P. O. BOX 1390								
	X Reimbursement from political contributions									
	intended	Jacksonville, TX 75766								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense						
	ZAI ZHUHORZ		Jacksonville cam	paign office utility						
9		Candidate/Officeholder name	Office sought	Office held						
	expenditure to benefit C/OH									
	Date	Payee name								
	05/26/2024	City of Jacksonville								
	Amount (\$)	Payee address; City; State; Zi	p Code							
	\$45.75	P. O. Box 1390								
	Reimbursement from									
	x political contributions intended	Jacksonville, TX 75766								
		_	December 5	70, 17, 1, 1, 17						
	PURPOSE OF	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	EXPENDITURE	Office Overhead/Rental Expense	L leakeanvilla Car	_						
			Jacksonville Can	npaign office utilities						
	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0		0.00	000						
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held						
	C/OH									
H	Date	Davida nama								
	Date	Payee name								
	06/24/2024	City of Jacksonville								
	Amount (\$)	Payee address; City; State; Zi	p Code							
	\$45.75	P. O. Box 1390								
	Reimbursement from political contributions									
	x political contributions intended	Jacksonville, TX 75766								
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense						
	EXPENDITURE		Jacksonville Carr	npaign office utilities						
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held						
	expenditure to benefit		-							
	C/OH									

SCHEDULE G

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		Gift/Awards ee Legal Servi	age Expense /Memorials Expense ces uction Guide explains I		kpense /ages/Contract Labor		Travel in District Travel Out of Distric OTHER (enter a ca	ct tegory not listed above)
1	Total pages Schedule G:	2 FIL	ER NAME				3	iler ID (Ethi	ics Commission Filers)
L	Sch: 5/8 Rpt: 116/121	Nic	hols, Robert Lee	(The Honorable)			L (00035962	
4	Date	5 Pay	/ee name						
	01/26/2024	Op	timum						
6	Amount (\$)	7 Pay	/ee address; C	ity; State;	Zip Co	de			
	\$161.00	P.C	D. Box 70340						
	Reimbursement from political contributions intended	Phi	ildelphia, PA 191	76					
8	PURPOSE	(a) Cat	egory (See Categorie	s listed at the top of this sche	edule)	(b) Description	=		of Texas. Complete Schedule T.
	OF EXPENDITURE	Off	ice Overhead/Re	ntal Expense		L			ficeholder living expense
						Jacksonville cam	ipaig	n office utiliti	es
Ļ	Complete ONLY if direct	Condid	oto/Officobaldar :			Office accept		O#:	oo hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate/Officeholder na	ille		Office sought		Offi	ce held
	Date	Pay	/ee name						
	02/25/2024	Op	timum						
	Amount (\$)	Pay	/ee address; C	ity; State;	Zip Co	de			
	\$161.00	P.C	D. Box 70340						
	X Reimbursement from political contributions intended	Phi	ildelphia, PA 191	76					
	PURPOSE	Cat	egory (See Categorie	s listed at the top of this sche	edule)	Description	⊒ .		of Texas. Complete Schedule T.
	OF EXPENDITURE	Off	ice Overhead/Re	ntal Expense			_		ficeholder living expense
						Jacksonville Cam	npai	gn office inter	rnet
	Complete ONLY if direct expenditure to benefit	Candida	ate/Officeholder na	me		Office sought		Offi	ce held
L	C/OH								
F	Date	Pav	/ee name						
	03/26/2024	1 1	timum						
	Amount (\$)	Pay	/ee address; C	ity; State;	Zip Co	de			
	\$161.00	P.C	D. Box 70340						
	Reimbursement from political contributions intended	Phi	ildelphia, PA 191	76					
	PURPOSE	Cat	egory (See Categorie	s listed at the top of this sche	edule)	Description			of Texas. Complete Schedule T.
	OF EXPENDITURE	Off	ice Overhead/Re	ntal Expense			_		ficeholder living expense
						Jacksonville cam	ıpaig	n office inter	net
	Complete ONLY if direct expenditure to benefit C/OH	Candida	ate/Officeholder na	me		Office sought		Offi	ce held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
		-	<u> </u>		mpiete tino romii	_			
	ages Schedule G: /8 Rpt: 117/121	ı	FILER NAME Nichols, Robert Lee (The Honorable)			3	Filer ID (Ethics Commission Filers) 00035962		
4 Date		5	Payee name						
04/29/2	2024	ı	Optimum						
6 Amount	(\$)	7	Payee address; City; State;	Zip Co	ode				
	\$161.00		P.O. Box 70340						
X poli	mbursement from tical contributions nded		Phildelphia, PA 19176						
8 PUF	RPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Cr	neck if travel outside of Texas. Complete Schedule T.		
	OF NDITUDE		Office Overhead/Rental Expense			Cr	neck if Austin, TX, officeholder living expense		
EXPE	NDITURE		·		Jacksonville cam	pai	gn office internet		
	te <u>ONLY</u> if direct iture to benefit	Can	ndidate/Officeholder name		Office sought		Office held		
Date			Payee name						
05/26/2	2024		Optimum						
Amount	t (\$)	T	Payee address; City; State;	Zip Co	ode				
	\$161.00		P.O. Box 70340	•					
Doi	mbursement from								
X poli	tical contributions nded		Phildelphia, PA 19176						
_	RPOSE		Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete						
	OF NDITURE		Office Overhead/Rental Expense			Cł	neck if Austin, TX, officeholder living expense		
	NO.				Jacksonville Cam	npa	ign office internet		
	te <u>ONLY</u> if direct iture to benefit	Can	didate/Officeholder name		Office sought		Office held		
Date			Payee name						
06/24/2	2024	1	Optimum						
Amount		╙	<u>'</u>	Zip Co	nde				
AIIIUUIII	\$161.00	1	P.O. Box 70340	∠ıp CC	Jue				
			F.O. DUX 10340						
X poli	mbursement from tical contributions nded		Phildelphia, PA 19176						
	RPOSE		Category (See Categories listed at the top of this sche	dule)	Description	_	neck if travel outside of Texas. Complete Schedule T.		
	OF NDITURE		Office Overhead/Rental Expense			Cr	neck if Austin, TX, officeholder living expense		
-/ -/					Jacksonville Cam	npa	ign office internet		
	te <u>ONLY</u> if direct iture to benefit	Can	ndidate/Officeholder name		Office sought		Office held		
	uidad by Tayaa F		o Commission www.othics.ot				Varsian V/4.1 0 d270aha(

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
L			The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAMI	Ε			3	Filer ID (Ethics Commission Filers)				
	Sch: 7/8 Rpt: 118/121	Nichols, Ro	bert Lee (The Honorable)				00035962				
4	Date	5 Payee name									
	01/26/2024	TXU Energ									
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode						
	\$55.25	P.O.Box 65	50638								
	Reimbursement from										
L	X political contributions intended	Dallas, TX	75265								
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Over	head/Rental Expense			_	eck if Austin, TX, officeholder living expense				
	- -				Jacksonville cam	npaig	gn office utilities				
L											
9		Candidate/Office	holder name		Office sought		Office held				
	expenditure to benefit C/OH										
H	Date	Dayos name									
	02/25/2024	Payee name TXU Energ									
		_		. 7i- C	ada.						
	Amount (\$)	Payee address; City; State; Zip Code P.O.Box 650638									
	\$55.25	P.O.Box 65	F. O. DUA 030030								
	Reimbursement from political contributions										
L	intended	Dallas, TX	Dallas, TX 75265								
	PURPOSE	Category (S	see Categories listed at the top of this scl	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Over	head/Rental Expense			_	eck if Austin, TX, officeholder living expense				
					Jacksonville Can	npai	ign office utilities				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held				
	C/OH										
H	Date	Payee name									
	03/26/2024	TXU Energ									
\vdash			-	ı Zin O	ada						
	Amount (\$)	Payee addre	•	; Zip Co	Jue						
	\$55.25	P.O.Box 65	0000 0000								
	Reimbursement from political contributions intended	Dallas, TX	75265								
	PURPOSE	Category (s	iee Categories listed at the top of this scl	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	1	head/Rental Expense	•		Ch	eck if Austin, TX, officeholder living expense				
	EXPENDITURE		·		Jacksonville cam	npai	gn office utility				
		Candidate/Office	holder name		Office sought		Office held				
	expenditure to benefit C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

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	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in Di Travel Out				
	oroan oara'i aymon		The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAM	ΛE			3	Filer ID	(Ethics Commission Filers)			
	Sch: 8/8 Rpt: 119/121	Nichols, R	Robert Lee (The Honorable)				000359	62			
4	Date	5 Payee nam	ie								
	04/29/2024	TXU Ener	TXU Energy								
6	Amount (\$)	7 Payee addı	ress; City; State;	; Zip Co	ode						
	\$55.25	P.O.Box 6	50638								
	Reimbursement from										
	x political contributions intended	Dallas, TX	(75265								
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel	outside of Texas. Complete Schedule	Г.		
	OF EXPENDITURE	1.,	erhead/Rental Expense		`` [Ch	eck if Austir	n, TX, officeholder living expense			
	EXPENDITORE				Jacksonville cam	npai	gn office	utility			
9	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought			Office held			
	expenditure to benefit C/OH										
-	D								=		
	Date 05/26/2024	Payee nam									
		TXU Ener							4		
	Amount (\$)	Payee addi		; Zip Co	ode						
	\$55.25	P.O.Box 6	50638								
	X Reimbursement from political contributions										
	intended	Dallas, TX	(75265 		. <u> </u>						
	PURPOSE OF	1	(See Categories listed at the top of this sch	Description	=		outside of Texas. Complete Schedule n, TX, officeholder living expense	r.			
	EXPENDITURE	Office Ove	erhead/Rental Expense		L						
					Jacksonville Can	Πμαι	gn ome	e uuliues			
L	Complete ONLY if direct	Candidate/Offic	scholder name		Office sought			Office held	_		
	expenditure to benefit	Candidate/Onic	enoluei name		Office Sought			Office field			
	C/OH										
	Date	Payee nam	ne								
	06/24/2024	TXU Ener	gy								
	Amount (\$)	Payee addı	ress; City; State;	; Zip Co	ode						
	\$55.25	P.O.Box 6	550638								
	Reimbursement from political contributions										
	intended	Dallas, TX	(75265								
	PURPOSE	Category	(See Categories listed at the top of this sch	nedule)	Description	_		outside of Texas. Complete Schedule	Г.		
	OF EXPENDITURE	Office Ove	erhead/Rental Expense			_		n, TX, officeholder living expense			
					Jacksonville Can	npai	ign office	e utilities			
		<u></u>									
	Complete ONLY if direct expenditure to benefit	Candidate/Offic	eholder name		Office sought			Office held			
	C/OH										
									\neg		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			nges Schedule K: /2 Rpt: 120/121
2	FILER NAME		3	File	r ID	(Ethics Commission Filers)
	Nichols, Rob	ert Lee (The Honorable)		000	359	962
4	Date	5 Name of person from whom amount is received				8 Amount (\$)
	01/17/2024	Nichols, Robert (Mr.)				\$831.05
		6 Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, City, State, 21p code				
		Jacksonville, TX 75766				
			ooliti	cal co	ontri	bution returned to filer
		Reimbursement for travel expenses	JOIL	cai c	Jilli	bation retained to mer
\vdash						
	Date	Name of person from whom amount is received				Amount (\$)
	02/25/2024	Nichols, Robert (Mr.)				\$1,238.03
		Address of person from whom amount is received; City; State; Zip Code				
		Jacksonville, TX 75766				
			ooliti	cal co	ontri	bution returned to filer
		Reimbursement for travel expenses				
	Date	Name of person from whom amount is received				Amount (\$)
	03/11/2024	Nichols, Robert (Mr.)				\$1,297.71
		Address of person from whom amount is received; City; State; Zip Code				
		Jacksonville, TX 75766				
			ooliti	cal co	ontri	bution returned to filer
		Reimbursement for travel expense				
	Date	Name of person from whom amount is received				Amount (\$)
	04/16/2024	Nichols, Robert (Mr.)				\$736.35
		Address of person from whom amount is received; City; State; Zip Code				
		Jacksonville, TX 75766				
		Purpose for which amount is received	ooliti	cal co	ontri	bution returned to filer
		Reimbursement for travel expenses				
	Date	Name of person from whom amount is received				Amount (\$)
	05/20/2024	Nichols, Robert (Mr.)				\$894.88
		Address of person from whom amount is received; City; State; Zip Code				
		- wan ood of porcent north morn amount to recent out, entry, exact, any				
		Jacksonville, TX 75766				
		Purpose for which amount is received	ooliti	cal co	ontri	bution returned to filer
		Reimbursement for travel expenses				
		<u> </u>				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 121/121 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nichols, Robert Lee (The Honorable) 00035962 5 Name of person from whom amount is received 8 Amount (\$) 06/24/2024 \$932.68 Nichols, Robert (Mr.) 6 Address of person from whom amount is received; City; State; Zip Code Jacksonville, TX 75766 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for travel expenses