#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067893 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Dr. Greg Bonnen Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1183 Date Hand-delivered or Date Postmarked Change of Address Friendswood, TX 77549-1183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kim NAME NICKNAME LAST **SUFFIX** Bonnen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 405 David Street STREET **ADDRESS** (Residence or Business) Friendswood, TX 77546 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 405 David Street MAILING **ADDRESS** Friendswood, TX 77546 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 993-2846 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED **THROUGH** 02/24/2024 01/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/05/2024 General Special

**GO TO PAGE 2** 

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Co	mmission Filers)
Friends of Dr. Greg Bon	nen		00067893		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Dr. James Gregory Bonnen			
(Attach lists on plain	X Candidate				
paper to complete this report if necessary.)			D ( ("   1   1   )		
, ,,	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
		State Representative			
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
			Month	Day	Year
OPPOSE (Candidate or Measure)					
	Measure				
ASSIST (Official to )		DESCRIPTION			
(Officeholder)					
15 CONTRIBUTION	1 TOTAL DOLLTICAL CON	 TRIBUTIONS OF \$50 OR LESS (OTHER THAI	U DI EDCES	1	
TOTALS	LOANS, OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE	N PLEDGES,	<b> </b>	\$0.00
	ELECTRONICALLY), UN	LESS ITEMIZED			*****
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$169,300.52
				ļ	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PC	DLITICAL EXPENDITURES		  \$	\$0.00
				*	φ0.00
	4. TOTAL POLITICAL E	XPENDITURES			
				\$	\$117,837.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE		<b>#1</b> 667 007 74
BALANCE	KEFOKTING FERIOD			\$	\$1,667,887.74
OUTSTANDING	6 TOTAL PRINCIPAL AMO	OUNT OF ALL OUTSTANDING LOANS AS OF	THE LAST	1	
LOAN TOTALS	DAY OF THE REPORTIN		IIIL LAST	\$	\$450,000.00
					•
16 AFFIDAVIT					
10 / (( ) 10 / (( ) )		I swear, or affirm, under penalty of per			
		and correct and includes all information Title 15, Election Code.	n required to be	reported by	y me under
		Mrs. Kir	n Bonnen		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er	
		, t	nis the		day
of	, 20, to certify which	n, witness my hand and seal of office.			
Signature of officer add	ministering oath Prin	ted name of officer administering oath	Title of office	er administ	ering oath

### **SUBTOTALS - SPAC**

### FORM SPAC COVER SHEET PG 3 3 of 47

			3 0	of 47
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission File	ers)
Friends o	f Dr. Greg Bonnen	00067893		
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOU	JNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 160,9	912.10
2. X	\$ 8,5	388.42		
3.	\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
7. X	SCHEDULE E: LOANS		\$ 450,0	000.00
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 117,8	837.76
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 10,0	000.00
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	275.00
			1	

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 1/20 Rpt: 4/47	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 02/07/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:	)	7	Amount of Contribution (\$)	\$1,500.00
_	Deireirel	Dallas, TX 75240	- 10	Faralassa (Osas kashasatisas			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC Agrawal, Durga Das Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77005-3451 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	CEO	pation 7 300 title (See Instituctions)		Piping Technology & Pr		ıcts	
	Date 01/31/2024	Full name of contributor out-of-state PAC American Pharmacy Coalition, Inc. GPAC Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$1,500.00
		Corpus Christi, TX 78401					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/11/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Homemaker	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions None	<u> </u> 5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC Association of Fire and Casualty Cos. of Te Contributor address; City; State; Zip Code  Austin, TX 78701	exas PA			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 2/20 Rpt: 5/47	
2	FILER NAME Friends of D	·. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 02/20/2024			)	7	Amount of Contribution (\$)	\$1,500.00
		Fort Worth, TX 76161					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 01/31/2024	Barfield, Larry				Amount of Contribution (\$)	\$500.00
	Dringing agg	Cypress, TX 77433	-	Employer (See Instructions	_		
	Chairman Er	pation / Job title (See Instructions) neritus		Binkley Barfield	')		
	Date 02/10/2024	Barron, William		)		Amount of Contribution (\$)	\$250.00
		Friendswood, TX 77546					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/01/2024	Beef PAC				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor out-of-state Brentwood Public Affairs  Contributor address; City; State; Zip Code  Austin, TX 75701	te PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/20 Rpt: 6/47	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		r. Greg Bonnen		L	00067893	
4	Date 01/31/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78705				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		Steve Bresnen & Assoc	iate	es	
	Date	Full name of contributor   out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	02/05/2024	Brown, Steven			(4)	\$250.00
	02,00,202	Contributor address; City; State; Zip Code		ł		4200.00
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.                                    </u>		
	Physician	,	Self	•		
	Date	Full name of contributor  out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	02/10/2024	Bubrig, Karen	<i></i>		7 and and 6. Continuation (4)	\$500.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Retired		Retired			
	Date	Full name of contributor  out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	01/31/2024	Burns & McDonnell Texas PAC			(4)	\$500.00
	02,02,202			-		+000.00
		Contributor address, Only, State, Elp Sout				
		Houston, TX 77024				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor		Γ	Amount of Contribution (\$)	
	01/31/2024	Cammack and Strong P.C.			(4)	\$500.00
		Contributor address; City; State; Zip Code		ł		, , , , , ,
		Continuos address, City, State, 21p Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.                                    </u>		
	,	. ,	, , , ,	•		
		L				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/20 Rpt: 7/47	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 02/22/2024	Capelo, Jaime	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	l g	Employer (See Instructions			
Ü	Attorney	pation 7 000 title (Oce moracions)		Self	,		
	Date 02/07/2024	Full name of contributor Charter Communications, Inc.  Contributor address; City; State; 2				Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/19/2024	Full name of contributor Charter Schools Now PAC Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78767-1176					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 01/31/2024	Full name of contributor Cobb Findley PAC  Contributor address; City; State; 2  Houston, TX 77040	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/02/2024	Full name of contributor Crutchfield, Stuart  Contributor address; City; State; 2  Tyler, TX 75703	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott and White	)		
	-		I	·			

	MONET	ARY POLITICAL COI	NS		SCHEDUI	LE <b>A1</b>	
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/20 Rpt: 8/47	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 01/31/2024	<ul><li>5 Full name of contributor DEC PAC</li><li>6 Contributor address; City; State; 2</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Houston, TX 77046 pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 01/31/2024	Full name of contributor X of DOW PAC Contributor address; City; State; 2	out-of-state PAC (ID#: <u>C</u>	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/10/2024	Day, Kristin  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Dickinson, TX 77569 pation / Job title (See Instructions) iness		Employer (See Instructions self	)		
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$4,000.00		
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 01/31/2024	Full name of contributor Groused Advocacy PAC Contributor address; City; State; 2 Austin, TX 78701-2402	Dut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL (	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/20 Rpt: 9/47	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 01/31/2024	<ul><li>5 Full name of contributor</li><li>Foley &amp; Lardner LLP</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Dallas, TX 75201 pation / Job title (See Instruction	2)	9 Employer (See Instructions			
		· · · · · · · · · · · · · · · · · · ·		3 Employer (See instructions			
	Date 01/27/2024	Full name of contributor Friends of the TTU Syste  Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Lubbock, TX 74909 pation / Job title (See Instruction	5)	Employer (See Instructions	)		
	Date 02/10/2024	Full name of contributor Galveston Pilots for Good Contributor address; City; S Galveston, TX 77552		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	)		
	Date 01/31/2024	Full name of contributor  Genen PAC  Contributor address; City; S  Austin, TX 78717	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	)		
	Date 02/06/2024	Full name of contributor Goodman, Barry Contributor address; City; S Austin, TX 78732	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$960.60
		pation / Job title (See Instruction an Corporation	5)	Employer (See Instructions The Goodman Corporat			

	MONET	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/20 Rpt: 10/47	
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 02/10/2024	6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions	9	Employer (See Instructions	<u> </u>		
	Neurosurgeo		,	Neurosurgical Associate			
	Date 01/31/2024	Full name of contributor Greenberg Traurig. P.A. F Contributor address; City; St			•	Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Date 01/31/2024	Full name of contributor Grusendorf, Kent Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Date 01/31/2024	Full name of contributor  HOMEPAC of the Texas A  Contributor address; City; St  Austin, TX 78701				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor HS Law PAC Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/20 Rpt: 11/47	
2	FILER NAME Friends of D	r. Greg Bonnen		3	Filer ID (Ethics Commission 00067893	n Filers)
4	Date 02/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
_		Jefferson City , MO 65101		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#: Heath, Brian  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CEO	,	Heath Family Brands	,		
	Date 02/12/2024	Full name of contributor	)		Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75201				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Hunt Consolidated	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Jasek, Wesley  Contributor address; City; State; Zip Code  Round Rock, TX 78681	)		Amount of Contribution (\$)	\$500.00
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructions BGE	5)		
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#: Johnson, Cheryl  Contributor address; City; State; Zip Code  Friendswood, TX 77546	)		Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) ounty Tax Accessor	Employer (See Instructions Galveston County	5)		
		,	1			

	MONET	ARY POLITICAL CONTRIBUTI	ON	NS .		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/20 Rpt: 12/47	
2	FILER NAME	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 02/12/2024	Full name of contributor	t:		7	Amount of Contribution (\$)	\$100.00
		League City, TX 77573					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID# Jones, Wes  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
		Fulshear, TX 77441					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann	s)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID# Kelly, Russell T.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Blackridge	s)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID# Kroll, John  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620		)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Shareholder	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID# Lamb, John Contributor address; City; State; Zip Code Plano, TX 75059			•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Shooting Range Techni		n	
	City Of Platte	,		Shooting Range Techni	-id		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 10/20 Rpt: 13/47	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	n Filers)
4	Date 02/10/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID Leach, Steven</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$250.00
8		Bayou Vista, TX 77563 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> S)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID		CRNA		Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Randy Lee Public Affair			
	Date 02/04/2024	Full name of contributor out-of-state PAC (ID Leonard, Michael Contributor address; City; State; Zip Code	)#:			Amount of Contribution (\$)	\$960.60
	Principal occu Physician	San Antonio, TX 78209 pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date 02/10/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Principal occu Administratio	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann	<u> </u> s)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID Lloyd Gosselink Rochelle and Townsend , P. Contributor address; City; State; Zip Code  Austin, TX 78701	C.			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			ı				

	MONEI	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.	Total pages Schedule A1: Sch: 11/20 Rpt: 14/47
2	FILER NAME Friends of D	r. Greg Bonnen	3 Filer ID (Ethics Commission Filers) 00067893
4	Date 02/21/2024	5 Full name of contributor out-of-state PAC (ID#:)  Lubetzky, Daniel  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$3,000.00
8		New York City, NY 10589 pation / Job title (See Instructions)  9 Employer (See Instructions)	
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:)  MOAK Casey PAC  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78746-5776  pation / Job title (See Instructions)  Employer (See Instructions)	
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:)  Management And Training PAC  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)  Employer (See Instructions)	
	Date 02/05/2024	Full name of contributor	Amount of Contribution (\$) \$500.00
	Principal occu	Pation / Job title (See Instructions)  Employer (See Instructions)	
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:) PAC for Engineers  Contributor address; City; State; Zip Code  Austin, TX 78768	Amount of Contribution (\$) \$850.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	
		•	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/20 Rpt: 15/47			
2	FILER NAME Friends of D	Dr. Greg Bonnen		3	Filer ID (Ethics Commission 00067893	on Filers)		
4	1 Date 01/31/2024 5 Full name of contributor out-of-state PAC (ID#:) Pape-Dawson Engineers Pac  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00			
_	Daine in all account	San Antonio, TX 78213						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)				
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_Perdue, Brandon, Fielder, Collins & Mott, LLP  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Lubbock, TX 79408  pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:_ Pollock, Don Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Dringing occur	Texas City, TX 77590	Employer (See Instructions					
	Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired	<i>)</i>				
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Prabhu, Sujit  Contributor address; City; State; Zip Code  Houston, TX 77025	)		Amount of Contribution (\$)	\$250.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions MD Anderson	)				
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ RABA Kistner PAC Contributor address; City; State; Zip Code San Antonio, TX 78269	)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/20 Rpt: 16/47			
2	FILER NAME Friends of D	R NAME ds of Dr. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	n Filers)		
4	Date 01/31/2024			7	Amount of Contribution (\$)	\$250.00			
8	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)		9 Employer (See Instructions	  -  s)				
	Date 01/29/2024	Full name of contributor [ Robb, Marie  Contributor address; City; Sta  Galveston, TX 77554	out-of-state PAC (ID#:_ te; Zip Code	)		Amount of Contribution (\$)	\$480.30		
	Principal occu President/CE	pation / Job title (See Instructions)		Employer (See Instructions Coastal SolutionsInc.	<u> </u> 5)				
	Date 02/10/2024	Full name of contributor [ Roberts, Lorretta  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> ;)				
	Date 01/29/2024	Full name of contributor  Sanchez, Cody  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$960.60		
	Principal occu Managing M	Austin, TX 78704 pation / Job title (See Instructions) ember		Employer (See Instructions Contrarian Thinking	<u> </u> ;)				
	Date 02/10/2024	Full name of contributor  Schroder, Bill  Contributor address; City; Sta  League City, TX 77573	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 14/20 Rpt: 17/47	
2	FILER NAME Friends of D	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	5 Full name of contributor out-of-state PAC (ID#:) Sharp, Joanna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
_	Daine in all a con-	League City, TX 77573	_	Frankrica (Octobritània			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Sonnenburg, Carol Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Santa Fe, TX 77517 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Church Secr			Faith Lutheran Church	,		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Southern Glazer's of Texas PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS ACADEMY OF FAMILY PHYSICIANS P Contributor address; City; State; Zip Code  Austin, TX 78727				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC Texas Association of Realtors PAC Contributor address; City; State; Zip Code  Austin, TX 78682-2246		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/20 Rpt: 18/47	
2	FILER NAME Friends of D	r. Greg Bonnen		3	Filer ID (Ethics Commission 00067893	on Filers)
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7  TSAPAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00	
_	Deignigal	Austin, TX 78701-1665	O Franksian (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Talje, Issam Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77065 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	i iliopai occa		Employer (See mondoners	,		
	Date 02/07/2024	Full name of contributor  out-of-state PAC (ID#:_ Texans For Lawsuit Reform PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texans For Responsible Government Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Plans 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	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/20 Rpt: 19/47		
2	FILER NAME Friends of D	LER NAME riends of Dr. Greg Bonnen		3	Filer ID (Ethics Commission 00067893	on Filers)	
4	Date 02/06/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5,000.00	
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)			
		,	, ., . (	,			
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Texas Consumer Lenders PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau Friends Of Agriculture Fund Contributor address; City; State; Zip Code  Waco, TX 76702-2689			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Food & Fuel Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
		l					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/20 Rpt: 20/47
2	FILER NAME Friends of D	. Greg Bonnen		3	Filer ID (Ethics Commission Filers) 00067893
4	Date 01/31/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$2,500.00
_	Deinsinal	Austin, TX 78703	O Faralassa (Octobrations		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Texas Lobby Partners LLP  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	·/-	
	Fillicipal occu	oalion7 300 title (See mstructions)	Employer (See instructions	·)	
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Texas Medical Association PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$25,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC  Contributor address; City; State; Zip Code  Austin, TX 78705			Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>	
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Orthopaedic PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>S</b> )	
		-			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE <b>A1</b>	
	The Instruc	ction Guide explains how to complete t	his for	rm.	1	Total pages Schedule A1: Sch: 18/20 Rpt: 21/47	
2	FILER NAME Friends of Di	r. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date 01/31/2024	<ul> <li>Full name of contributor</li></ul>	as PAC		7	Amount of Contribution (\$)	\$500.00
_	Dringing age	Austin, TX 78768	ام	Employer (Coo Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 01/31/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	· ····o.pai. ooda	padon, cos das (cos modustono)		p.eye. (eeeeaceae	,		
	Date 02/22/2024	Full name of contributor out-of-state PACU.S.A.P. TEXAS PA - DALLAS  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$5,000.00
		Dallas, TX 75251					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC University of Houston PAC Contributor address; City; State; Zip Code Houston, TX 77227		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC Valero Energy Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78269	(ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	_E <b>A1</b>		
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 19/20 Rpt: 22/47	
2	Priends of Dr. Greg Bonnen			3	Filer ID (Ethics Commission 00067893	on Filers)		
4	Date 02/06/2024	<ul><li>5 Full name of contributor</li><li>Vance, Awais</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Temple, TX 76502 pation / Job title (See Instructions	.)	<u>a</u>	Employer (See Instructions	z)		
	Neurosurgeo		,	<i>-</i>	Baylor Scott & White	۰)		
	Date 01/31/2024	Full name of contributor Veterinarian PAC Contributor address; City; S	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$500.00
	Dringing! aggs	Austin, TX 78754	. I		Employer (Coa Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	>)		
	Date 02/10/2024	Full name of contributor Weber for Congress Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78734						
	Principal occu	pation / Job title (See Instructions	s) 		Employer (See Instructions	s)		
	Date 01/31/2024	Full name of contributor Wholesale Beer Distributor Contributor address; City; S Austin, TX 78701			)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor Williams, Tommy Contributor address; City; Si Navasota, TX 77868	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	ILE <b>A1</b>
	The Instru	ction Guide explains how to comple	ete this fo	rm.	1	Total pages Schedule A1: Sch: 20/20 Rpt: 23/47	
2	FILER NAME Friends of Dr. Greg Bonnen			3	Filer ID (Ethics Commiss 00067893	ion Filers)	
4	Date 01/31/2024	<ul> <li>Full name of contributor</li></ul>	PAC (ID#: <u>CC</u>	00425975 )	7	Amount of Contribution (\$)	\$2,000.00
		Little Rock, AR 72212					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor out-of-state Yanamandala, Raviraj  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	Pearland, TX 77584  pation / Job title (See Instructions)		Employer (See Instructions Geo Test Engineering	<u> </u> s)		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/47 3 Filer ID (Ethics Commission Filers) FILER NAME Friends of Dr. Greg Bonnen 00067893 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/23/2024 Dade Phelan Campaign \$6,750.00 i Polling 7 Contributor address; City; State; Zip Code Nederland, TX 77627 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 02/24/2024 Texans for Dan Patrick \$1,638.42 | Endorsement Text Contributor address; City; State; Zip Code Message HOuston, TX 77046 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOANS				SCHEDULE E
The Instruction Guide	e explains how to complete this for	rm.		es Schedule E: Rpt: 25/47
2 FILER NAME Friends of Dr. Greg Bonn	en	3	3 Filer ID 0006789	(Ethics Commission Filers)
TOTAL OF UNITEMIZE	ED LOANS			\$
	of lender	(ID#:	)	9 Loan Amount (\$) \$450,000.00
6 Is lender a financial institution?	er address; City; State;	Zip Code		10 Interest Rate
No	dswood, TX 77546			11 Maturity Date
12 Principal occupation / Job titl Neurosurgeon	e (See Instructions)	3 Employer (See Instructions) Self	•	
14 Description of Collateral  X None	15	5 Check if personal funds were	e deposited i	into political account (See Instructions)
	of guarantor			19 Amount Guaranteed (\$)
X not applicable 18 Guara	untor address; City; State;	Zip Code		
20 Principal occupation	22	1 Employer (See Instructions)		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr 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: 1/20 Rpt: 26/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/09/2024	Bay Area Conservatives PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	2951 Marina Bay Dr
		#130-120
		League City, TX 77573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to PAC
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/24/2024	Berry Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$25,000.00	1014 W Milton St
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Consulting for Representative Bonnen
		Cumpaign Constituting for representative Bornier
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	02/12/2024	Bill Doran Floral
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.08	2112 Leeland St #5197
		Houston, TX 77003
	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
		Decor Expense for Rep Representative Bonnen's
		BBQ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	

#### SCHEDULE F1

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

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

	Candidate/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: 2/20 Rpt: 27/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/01/2024	Butcher, Cyndy (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,720.00	13603 Willow Heights Court
		Houston, TX 77059
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Labor Expense
		Labor Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Date	Payee name
	02/15/2024	Butcher, Cyndy (Ms.)
┝		
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,011.80	13603 Willow Heights Court
		Houston, TX 77059
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement for expenses for Representative
		Bonnen's BBQ
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/09/2024	Butcher, Cynthia
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,175.04	13603 Willow Heights Court
	φ1,175.04	13003 Willow Heights Court
		Haveton TV 77050
		Houston, TX 77059
	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
		Mileage Reimbursement for District Travel
1		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### 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

nent 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 Co	ommission Filers)
l	Sch: 3/20 Rpt: 28/47	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	
	02/12/2024	Butcher, Cynthia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1,270.00	13603 Willow Heights Court	
		Houston, TX 77059	
8	PURPOSE		
ľ	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	le T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Labor Expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit G/OI		
	Date	Payee name	
	02/06/2024	Campaign Advocacy	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$320.00	401 NE 46th	
		Oklahoma City, OK 73105	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense	e T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	-
		Pushcards for Representative Bonne	11
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
┝	Data		
l	Date 02/06/2024	Payee name  Campaign Advocacy	
L			
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$14,380.38	401 NE 46th	
l			
L		Oklahoma City, OK 73105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	lo T
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedu	e i.
l		Representative Bonnen mailer to Gal	veston County
			,
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
H			

### SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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 com	ple	te this form.
1	Total pages Schedule F1: Sch: 4/20 Rpt: 29/47	FILER NAME     Friends of Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
4	Date 02/20/2024	5 Payee name Campaign Advocacy		
6	Amount (\$) \$14,380.38	7 Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105	е	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mailer for Representative Dr. Greg Bonnen
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	Date 02/20/2024	Payee name Campaign Advocacy		
	Amount (\$) \$14,380.38	Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105	е	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mailer for Representative Dr. Greg Bonnen
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	Date 02/24/2024	Payee name Campaign Advocacy		
	Amount (\$) \$14,380.38	Payee address; City; State; Zip Code 401 NE 46th	е	
		Oklahoma City, OK 73105		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	ļ	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Mailer for Representative Dr Greg Bonnen
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	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

	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: 5/20 Rpt: 30/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/15/2024	Clear Creek Republican Woman PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	2301 Meadows Blvd.
		League City, TX 77573
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
		Membership Fees
		Membership 1 dds
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<b>—</b>	Data	
	Date	Payee name
	02/15/2024	Clear Creek Republican Woman PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	2301 Meadows Blvd.
		League City, TX 77573
	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
		Membership Fees for staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	02/21/2024	Clear Lake Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1201 E. Nasa Parkway
		Houston, TX 77058
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Luncheon Expense
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 6/20 Rpt: 31/47	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	02/09/2024	Conservative REpublican Police Officers of Galveston County PAC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	PO Box 16412	
		Galveston, TX 77552	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	le of Texas. Complete Schedule T.
	_/	Candidate/Officeholder/Political Committee Check if Austin, TX, Donation to PAC	officeholder living expense
		Donation to FAC	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
		T	
	Date	Payee name	
	02/06/2024	Erika's Party & Crafts	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$236.77	120 S Friendswood Dr,	
		Friendswood, TX 77546	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	L Event Expense	le of Texas. Complete Schedule T. officeholder living expense
			sentative Bonnen's BBQ event
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	PH .	
	Date	Payee name	
	02/21/2024	Extra Space	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$465.00	2631 S. Capital Of Texas Hwy	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	le of Texas. Complete Schedule T.
	LAPENDITORE	1 <u> </u>	officeholder living expense
		Representative E	Bonnen's Rent for Austin Storage
	Complete ONLY if allowed	Condidate/Officeholder norse	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	•		

#### SCHEDULE F1

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

Event Expense Loan repaymentare
Fees Office Overhead/Rer
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lenal Services Salaries/Wages/Con

	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: 7/20 Rpt: 32/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/02/2024	Google Apps
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.30	1600 Amphitheatre Parkway
		Mountain View, CA 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.
		Check if Austin, TX, officeholder living expense  Apps for Capital Staff
		γιρρό τοι Θαριίαι ότατι
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name  Croot Harvest Pakeny
	01/29/2024	Great Harvest Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.72	212 S Friendswood Dr
		Friendswood, TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign Broakfast Expanse
		Campaign Breakfast Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name  Croot Harvest Pakeny
	01/29/2024	Great Harvest Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.74	212 S Friendswood Dr
		Friendswood, TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign Broakfast Expanse
		Campaign Breakfast 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 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		mmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter	a category not listed abov	re)
				The Instruction G	uide explains h	now to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 8/20 Rpt: 33/47		Friends of D	r. Greg Bonner	า					00067893		
4	Date	5	Payee name									
	02/12/2024		HEB									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$43.08	l	3501 Clear I	Lake City Blvd,								
			Austin, TX 7	7059								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	l	Event Exper								mplete Schedule T.	
	LXI ENDITORE	l						Check if Austin,				
		l							se 1	or Represe	entative Bonnen's	BBQ
								event				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld	
	——————————————————————————————————————	' '										
	Date		Payee name									
	02/08/2024		Hank Dugie	Campaign								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$2,500.00		P.O. Box 15	01								
			League City	, TX 77574								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		ŕ		Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE		Candidate/C	Officeholder/Pol	itical Commi	ittee		Check if Austin,				
								Donation to H	lan	k Dugie's d	ampaign	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	neld	
	experientare to benefit 6/61	_										
	Date		Payee name									
	02/06/2024		Hartin, Brigit	tt								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$1,000.00		5932 Gorha	m Glen Ln.								
			Austin, TX 7	8739								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L							mplete Schedule T.	
	EXPENDITORE							Check if Austin,		officeholder livi	ng expense	
								Labor Expens	se			
							<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	ffice sou	ght			Office I	neld	
	experience to beliefft C/Of											

#### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/20 Rpt: 34/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/29/2024	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.66	10019 S I -35 Frontage Road
		Austin, TX 78747
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
		Bottled Water for Capital Staff
		Double Trans. To Capital Claim
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	02/02/2024	Payee name Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.32	10019 S I -35 Frontage Road
		Austin, TX 78747
	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
		Bottled Water for Capital Staff
		Double Trans. To Capital Claim
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
_	Date	Davies name
	02/13/2024	Payee name Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.65	10019 S I -35 Frontage Road
		Austin, TX 78747
	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
		Bottled water for Capital Staff
_	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 10/20 Rpt: 35/47	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		<b>'</b>
l	01/26/2024	Home Depot		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$8.92	3200 South Gulf Freeway		
l				
l		League City, TX 77573		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE			Check if Austin, TX, officeholder living expense
l				Road Sign Supplies
Ļ	Complete ONLY if direct	Condidate/Officeholder some		Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnı	Office held
⊨				
l	Date	Payee name		
L	02/12/2024	Kroger		
l	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$13.48	16400 El Camino Real,		
l				
L		Houston, TX 77062		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Refreshments for GLO meeting with constituent
l				•
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	02/13/2024	LaBrisa Restaurant		
┢	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$60.00	501 N. Wesley Dr.		
l				
l		League City, TX 77573		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Food/Beverage Expense	`´	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Campaign Luncheon Expense
$\vdash$	Complete ONLY if dies -t	Condidate/Officebolder nema	ab+	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ynt	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 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: 11/20 Rpt: 36/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/29/2024	League City Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$335.00	1101 W. Main
		League City, TX 77573
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
		Membership Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	02/21/2024	League City Chamber of Commerce
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	1101 W. Main
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Luncheon Expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	02/21/2024	Lighthouse Christian Ministries
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,033.37	800 Grand Ave.
		Bacliff, TX 77518
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Dinner Expense
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г		

#### 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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/20 Rpt: 37/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/19/2024	Lyda Law Firm LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	106 E. 6th St.
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Review of Ethics Reports
		The first of Earlies (repeated
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/21/2024	McAfee
H	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	6220 America Center
		San Jose , CA 95002
	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
		Computer Security Software
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del>
Г	Date	Payee name
	02/22/2024	Microsoft
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	911 Willow Rd NE
		Redmond, WA 98052
	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  Computer software protection
		Computer Software protection
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to comp		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 38/47	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		•
	02/06/2024	Minuteman Printing		
6	Amount (\$)	7 Payee address; City; State; Zip Code	;	
	\$26.41	209 E Edgewood Dr,		
		Friendswood, TX 77546		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) [	Description
	OF EXPENDITURE	Printing Expense	[	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Ļ	Check if Austin, TX, officeholder living expense
			ı	Bonnen name cards for BBQ
_	Complete ONLY if direct	Condidate/Officeholder some	_	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ι	Office held
	Date	Payee name		
	02/22/2024	Minuteman Printing		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,436.63	209 E Edgewood Dr,		
		Friendswood, TX 77546		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) [	Description
	OF EXPENDITURE	Printing Expense	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Printing of yard signs
				Tilling of yard signs
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office held
	expenditure to benefit C/OI			Cilide Held
	Date	Dove nome		
	01/26/2024	Payee name One Cause		
	Amount (\$)	Payee address; City; State; Zip Code	•	
	\$7.50	211 W Main Street #400		
		Carmel, IN 46032		
	PURPOSE OF	, ,	) (	Description
	EXPENDITURE	Fees	Ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			L	Processing fee for purchase
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	ied above)
1	Total pages Schedule F1:	·	nmission Filers)
	Sch: 14/20 Rpt: 39/47		,
4	Date	5 Payee name	
	02/12/2024	One Stop Party Tents & Events	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.23	18217 Hwy 3	
		Webster, TX 77598	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	Т.
		Check if Austin, TX, officeholder living expense  Linens for Rep Bonnen's BBQ event	
		Linens for Kep Bornier's BBQ event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
"	expenditure to benefit C/O		
⊨	Data	T -	
	Date	Payee name	
L	02/12/2024	One Stop Party Tents & Events	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$553.62	18217 Hwy 3	
L		Webster, TX 77598	
	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:  Check if Austin, TX, officeholder living expense	Т.
		Linen Rental for Rep Bonnen's BBQ ev	/ent
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
F	Date	Payee name	
	01/30/2024	Pappas Seafood House	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.28		
		Webster, TX 77598	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	т.
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Luncheon Expense	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O		
$\vdash$			

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
			The Instruction Guide	explains how to	compl	ete this form.	_		
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 15/20 Rpt: 40/47	Friends of I	Dr. Greg Bonnen					00067893	
4	Date	5 Payee name							
	02/22/2024	Pappasitos	Cantina						
6	Amount (\$) \$69.40	7 Payee addre 20099 Gulf Webster, T	Fwy	State; Zip	Code				
8	PURPOSE OF EXPENDITURE		ee Categories listed at the top rage Expense	o of this schedule)	(b)	Check if Austin	, TX	de of Texas. Comp officeholder living with SFISD \$	
9	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office s	ought			Office he	ld
	Date	Payee name							
	02/06/2024	Picard, Fay							
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code				
	\$1,200.00	2885 Diam	ond Bay Dr						
		Dickinson,	TX 77539						
	PURPOSE OF EXPENDITURE	l	ee Categories listed at the top ages/Contract Labor		(b)		, TX	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office s	ought			Office he	ld
	Date	Payee name							
	02/12/2024	Red River I	BBQ						
	Amount (\$) \$2,353.18	Payee addre 1911 E Mai	ss; City; n St, Ste. A	State; Zip	Code				
		League Cit	y, TX 77573						
	PURPOSE OF EXPENDITURE	1	ee Categories listed at the top age Expense	o of this schedule)	(b)	Check if Austin	, TX	de of Texas. Comp officeholder living presentative	
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office s	ought			Office he	ld

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schodule F1:	2 FILED NAM					<u> </u>	Filer ID	(Ethics Commissi	on Eilore)
_	Total pages Schedule F1: Sch: 16/20 Rpt: 41/47	1	= Dr. Greg Bonnen					00067893	(Ethics Commissi	on Filers)
1	Date	5 Payee name					<u> </u>			
•	01/26/2024		base & Research							
_										
6	Amount (\$)	<b>7</b> Payee addre	•	State; Zip Co	ode					
	\$3,500.00	P.O. Box 2	02675							
		Austin, TX	78720							
8	PURPOSE	(a) Category (s	See Categories listed at the to	on of this schedule)	(b)	Description				
	OF	Advertising		op or time contention		_ `	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	آ ا	•			Check if Austin	, TX	, officeholder living	expense	
						Polling Data				
9	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name	<u> </u>							
	02/15/2024	1 1	CHAMBER OF CO	OMMERCE						
	Amount (\$)	Payee addre		State; Zip Co	nde					
	\$41.60	12408 Tex	-	Otate, Zip Ot	ouc					
	Ψ41.00	12400 167	a3 0							
		SANTA FE	, TX 77510							
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Com		
						<b>—</b>		, officeholder living		
						Campaign Lu	IIIC	neon Expens	Se	
	Complete ONLY if direct	Condidate/Of	iachaldar nama	Office and	ıabt			Office he	uld.	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	agni			Office he	iiu	
	·									
	Date	Payee name								
	01/26/2024	Santa Fe F	olice Officers Asso	ciation						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$200.00	P.O. Box 1	431							
		Santa Fe, <sup>-</sup>	ΓX 77510							
	PURPOSE		See Categories listed at the to		(b)	Description				
	OF		ns/Donations Made		(~)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politica			Check if Austin	, TX	, officeholder living	expense	
						Donation to	ВВ	Q Cook off		
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Н								

#### SCHEDULE F1

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

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

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

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: 17/20 Rpt: 42/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
l	01/29/2024	Santa Fe Texas Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$514.50	13304 Hwy 6
l		
l		Santa Fe, TX 77510
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
l	LAFLINDITORE	Candidate/Officeholder/Political Committee
l		Donation for Education Foundation Santa Fe Texas
Ļ	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
⊨	Date	
l	Date	Payee name
┡	02/09/2024	Staples
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$12.97	19335 Gulf Freeway
l		
		Webster, TX 77598
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Office Supplies
l		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
l	02/09/2024	Staples
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$64.33	19335 Gulf Freeway
l		
l		Webster, TX 77598
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Printing Expense
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense
l		Printing expense for Representative Bonnen's BBQ
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
L		

#### SCHEDULE F1

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

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

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

	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: 18/20 Rpt: 43/47	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/18/2024	Stomps Burger Joint
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.60	300 W Bay Area Blvd Suite 800,
		Webster, TX 77598
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Dinner expense
		Tampanga Tamba Tipanga
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	02/01/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.66	1801 Gulf Fwy
		Dickinson, TX 77539
	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
		Decor Supplies for BBQ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/29/2024	Texas City LaMarque Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	9702 Emmett F Lowery Parkway
		Texas City, TX 77591
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Campaign Luncheon Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/20 Rpt: 44/47	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		<b>'</b>
	02/21/2024	Texas City LaMarque Chamber of Commerce		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$70.00	9702 Emmett F Lowery Parkway		
		Texas City, TX 77591		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Campaign Luncheon Expense
				Campaign Eulencon Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ıaht	Office held
ľ	expenditure to benefit C/O		·9···	Cines nea
_	Date	Payee name		
	02/12/2024	Texas House of Representatives		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$231.22	P.O. Box 2910	Juo	
	¥202.22			
		Austin, TX 78768		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	City Wards/Memorials Expense		Check if Austin, TX, officeholder living expense
				Texas flags
			L	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	Date	Payee name		
	01/26/2024	Unbound - Houston		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$300.00	1635 E. Broadway		
		Pearland, TX 77581		
	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	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Campaign Luncheon Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/Ol	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/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		nse es/Contract Labor	Travel in Di Travel Out OTHER (er	
1	Total pages Schedule F1:	2 FILER NAM	ИE			3 Filer ID	(Ethics Commission Filers)
	Sch: 20/20 Rpt: 45/47	Friends of	Dr. Greg Bonnen			000678	93
4	Date	5 Payee nam	ne				
	02/01/2024	Wal Mart					
6	Amount (\$)	7 Payee add	ress; City; S	tate; Zip Code			
	\$16.71	150 West	El Dorado Boulevard				
		Friendswo	ood, TX 77546				
8	PURPOSE	(a) Category	(See Categories listed at the top of thi	s schedule) (b)	Description		
	OF EXPENDITURE	Event Exp					Complete Schedule T.
					Barbeque Ev	ı, TX, officeholder vent Decor F	
					Barbeque Ev	CIR DCCOI L	Арспос
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sought		Offic	e held

## **PURCHASE OF INVESTMENTS FROM POLITICAL** SCHEDULE F3 **CONTRIBUTIONS** 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 46/47 (Ethics Commission Filers) 2 FILER NAME 3 Filer ID Friends of Dr. Greg Bonnen 00067893 Date 5 Name of person from whom investment is purchased 02/18/2024 Third Coast Bank 6 Address of person from whom investment is purchased; City; State; Zip Code 1850 Pearland Pkwy Pearland, TX 77581 Description of investment Money Market Account Banking Transfer 8 Amount of investment (\$) 10,000.00

# 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: 1/1 Rpt: 47/47 2 FILER NAME Filer ID (Ethics Commission Filers) Friends of Dr. Greg Bonnen 00067893 5 Name of person from whom amount is received 8 Amount (\$) Date 02/14/2024 \$275.00 City of League City 6 Address of person from whom amount is received; City; State; Zip Code League City, TX 77573 Purpose for which amount is received Check if political contribution returned to filer Damage Deposit Returned from facility rental