CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00087820		2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	NICKNAME	Don E.		SUFFIX	Date Received ELECTRONICALLY FILED 02/26/2024
		McLaughlin		Jr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT PO Box 1707	Γ / SUITE #; CIT`	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
Change of Address	Uvalde, TX 78802				Date Processed
					Date Processed
					Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Steve		MI	
	NICKNAME	LAST McNew		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO PO Box 1707) BOX PLEASE);	AP	T / SUITE #; CITY	; STATE; ZIP CODE
(Residence or Business)	Uvalde, TX 78802				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (830) 278-7157	NE NUMBER E	EXTENSION		
8 REPORT TYPE	January 15 [30th day before 8		Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/26/2024	тн	IROUGH	Month Day 02/24/202	Year 24
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH State Represen	T (if known) tative District 80
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	McLaughlin Jr., Don I	Ξ.	14 Filer ID (00087820	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 39,973.63	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 140,206.95	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 39,973.63	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 140,206.95	
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		Don	E. McLaughlin Jr.		
		Signature of	Candidate or Officehole	der	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 24

					0 01 24
18 FII	ER NAM	/IE	19 Filer ID	(Eth	ics Commission Filers)
М	cLaughl	00087820			
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,970.51
2.	X		\$	29,003.12	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	50,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	140,206.95
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL (LE A1				
	The Instruc	ction Guide explains how	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/24			
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 02/01/2024	5 Full name of contributor out-of-state PAC (ID#:) Capt, Louis 6 Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$2,500.00
8		Uvalde, TX 78801 pation / Job title (See Instructions	s)	9	Employer (See Instructions	<u> </u> ;)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/30/2024 Exotic Wildlife Assoc. Contributor address; City; State; Zip Code Ingram, TX 78025						Amount of Contribution (\$)	\$1,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	Date Full name of contributor out-of-state PAC (ID#:) 01/29/2024 Fite, Ralph Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$500.00	
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions	s)		Employer (See Instructions	 - s)		
	SVP Finance	e			Welcome Group, LLC			
Date Full name of contributor out-of-state PAC (ID#:) 02/14/2024 JOnes, WB Contributor address; City; State; Zip Code San Antonio, TX 78209		,		Amount of Contribution (\$)	\$2,500.00			
	Principal occupation / Job title (See Instructions) Retired Employer (See Instruction Self					<u>(</u> 5)		
	Date O2/12/2024 Full name of contributor out-of-state PAC (ID#:) Milstead, Lee Contributor address; City; State; Zip Code Uvalde, TX 78801					Amount of Contribution (\$)	\$1,000.00	
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/24		
2	FILER NAME McLaughlin			3	Filer ID (Ethics Commission 00087820	on Filers)	
4	Date 01/29/2024	 5 Full name of contributor out-of-state PAC (ID#:_Ponish, Howard (Dr.) 6 Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$200.00		
		Uvalde, TX 78801					
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Chiropractor)			
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:_ Porter, DAvid Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00		
	Duinning Langu	Madison, AL 35758	Employer (See Instructions				
	Retired	pation / Job title (See Instructions))				
	Date Full name of contributor out-of-state PAC (ID#:) 02/02/2024 Stidham, Jason Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$520.51	
		Uvalde, TX 78801					
	Principal occu Co-Owner	pation / Job title (See Instructions)	Employer (See Instructions Sentry Security Service)			
Date Full name of contributor out-of-state PAC (ID#:) 01/30/2024 Texans United for a Conservative Majority Contributor address; City; State; Zip Code Victoria, TX 77901					Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 6/24			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
McLaughlin	Jr., Don E.		00087820			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
02/07/2024	[contribution (\$) description \$11,143.10 Ads			
	7 Contributor address; City; State; Zip Code		1			
			į į			
	Austin, TX 78767		;			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)			
		11 Employer (FOR NON	FJODICIAL) (See institutions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
40 15 11 1						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of I In-kind contribution contribution (\$) description			
02/15/2024	Greg Abbott Campaign		\$10,800.00 Polling			
	Contributor address; City; State; Zip Code					
			į į			
	Austin, TX 78767		;			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)			
Filicipal occi	apation 7 30b title (1 OK NON-30biciAE) (300 matabasis)	Linployer (1 OK NOK	-SODICIAL) (eee managemen)			
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)			
Contributors	employernaw iiiii (i ON 30DICIAL)	Law IIIII of Contribute	or a spouse (ii arry) (i or a sobietice)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
ii continuator	is a sma, law inition parent(e) (it any) (it entrees in its)					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of ! In-kind contribution			
01/31/2024	ı)	contribution (\$) description			
01/31/2024	Contributor address; City; State; Zip Code		\$6,933.68 Polling			
	Continuation address, City, State, 21p Code		i			
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 7/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) McLaughlin Jr., Don E. 00087820 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/07/2024 Greg Abbott Campaign \$126.34 | Texting 7 Contributor address; City; State; Zip Code Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

			SCHEDULE E					
The Instruction Guide explains how to complete this form								
Don E.			(Ethics Commission Filers)					
NITEMIZED LOANS		1	\$					
7 Name of lender out-of-state P McLaughlin, Don	PAC (ID#:		9 Loan Amount (\$) \$50,000.00					
8 Lender address; City; State;	Zip Code		10 Interest Rate					
Uvalde, TX 78802			11 Maturity Date					
ion / Job title (See Instructions)	13 Employer (See Instruction: DKM Enterprises, LLC	s)						
llateral	15 Check if personal funds w	ere deposite	d into political account (See Instructions)					
17 Name of guarantor			19 Amount Guaranteed (\$)					
18 Guarantor address; City; State;	Zip Code							
ion	21 Employer (See Instructions	s)	•					
	Don E. NITEMIZED LOANS 7 Name of lender	Don E. Tour Dout-of-state PAC (ID#:	Don E. Total Content					

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 9/24	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
	02/09/2024	Alejandro, Gloria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$120.00	601 Sunrise Ave	
		Uvalde, TX 78801	
8	PURPOSE	<u> </u>	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.
	EXPENDITURE	Galaries/ Wages/ Cornilate Eabor	TX, officeholder living expense
		Door to Door V	
_	Complete ONLY if direct	Condidate/Officeholder name	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/19/2024	Alejandro, Gloria	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$276.00	601 Sunrise Ave	
	*=*****		
		Lhadda TV 70004	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Jaianes/Wages/Contract Eabor	utside of Texas. Complete Schedule T.
		I	TX, officeholder living expense
		Door to Door V	waiker
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experialitate to benefit 6/01	// I	
	Date	Payee name	
	02/15/2024	Atascosa Country Radio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,200.00	PO Box 702141	
	+ 1,200.00	1 0 300 1022 12	
		0 1 1 7 7 7070	
		San Antonio, TX 78270	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	1	TX, officeholder living expense
		Radio Ads	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	יח	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Memoria Legal Services The Instruction	·		ages	/Contract Labor		Travel Ou OTHER (strict category not listed above)
1	Total pages Cohedule F1	12			o expiaillo				2	Filor ID		(Ethics Commission Filers)
	Total pages Schedule F1:								3	Filer ID		(Ethics Commission Filers)
	Sch: 2/16 Rpt: 10/24	L	McLaughlin	JI., DON E.						00087	ŏ∠U	
4	Date	5	Payee name									
	02/19/2024		Auguste, Lo	orena								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$138.00		174 Martine	z Ranch Rd.								
			Apt 7B									
			Uvalde, TX	78801								
8	PURPOSE	(2)					(h)	Docorintica				
0	OF	^(a)		ee Categories listed a		hedule)	(D)	Description Check if travel of	nutsi	de of Texa	s Com	plete Schedule T.
	EXPENDITURE		Salanes/Wa	ages/Contract	Labui			Check if Austin,				
								Door to Door			_	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Off	ice he	eld
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/29/2024		Axiom									
\vdash	Amount (\$)	\vdash	Payee addre	ss; City;	State	: Zip Co	de					
	\$14,038.00		800 W. 47th	•	0.0.10		-					
	ψ± 1,000.00		Suite 200									
				. MO C4440								
		L	kansas City	v, MO 64112								
	PURPOSE OF	(a)		ee Categories listed a	at the top of this sch	hedule)	(b)	Description			_	
	EXPENDITURE		Advertising	Expense				Check if travel of Check if Austin,				plete Schedule T.
								Mailers	, , ,	Jincenolu	ci iiviiig	y expense
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Off	ice he	əld
	expenditure to benefit C/O			- 1	·	55 554				OII	.55 110	
\vdash	Data	_	Daves ::-::									
	Date 01/21/2024		Payee name									
	01/31/2024		Axiom									
	Amount (\$)		Payee addre	-	State	e; Zip Co	de					
	\$7,568.00		800 W. 47th	n St.								
			Suite 200									
			Kansas City	, MO 64112								
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising									plete Schedule T.
	THE ENDITORIE							Check if Austin,	, TX,	officehold	er living	g expense
								Mailers				
	0 1. 0		.			- · · ·	_			=		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	(Office sou	ght			Off	ice he	ela
	onponditure to belieff 6/01											

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 Expens Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G			ages	/Contract Labor		OTHER (enter a	istrict a category not listed above)	
_	T-t-1 O-b1-1- E1:	_	EII ED NAME		ине ехрішніз пе	,	пріс	1	_	Ell ID	(Ethica Campaignian Filam	->
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers	5)
	Sch: 3/16 Rpt: 11/24		McLaughlin	Jr., Don E.						00087820		
4	Date	5	Payee name									
	02/01/2024		Axiom									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$3,000.00		800 W. 47th		,							
	Ψ0,000.00		Suite 200									
				140 04440								
			Kansas City	, MO 64112								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Consulting E	Expense							nplete Schedule T.	
								—		officeholder livin	g expense	
								Monthly Cons	suit	illy ree		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Off	fice sou	ght			Office h	eld	
	experialitate to bettern over											
	Date		Payee name									
	02/02/2024		Axiom									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$9,503.00		800 W. 47th	St.								
			Suite 200									
			Kansas City	MO 64112								
		<u> </u>										
	PURPOSE OF	(a) 		ee Categories listed at t	he top of this sched	ule)	(b)	Description		d4.T O	oulete Cohedule T	
	EXPENDITURE		Advertising	Expense				=		officeholder livin	nplete Schedule T. g expense	
								Mailers	,,	0111001101001 117111	g oxponed	
_	Complete ONLY if direct		Candidate/Offi	ceholder name	Off	fice sou	aht			Office h	eld	
	expenditure to benefit C/O		our aradio/ Omi	ocholaci name	0	100 000	giit			01110011	old	
		<u> </u>										
	Date		Payee name									
	02/05/2024		Axiom									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,582.00		800 W. 47th	St.								
			Suite 200									
			Kansas City	, MO 64112								
	PURPOSE	(a)		ee Categories listed at t			(h)	Description				
	OF	(۳)	Advertising		ne top of this sched	uie)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Advertising	Схрепас						officeholder livin		
								Palm Cards				
	Complete ONLY if direct		 Candidate/Offi	ceholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI					•	-					
\vdash												

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expe
/Political Committee
Legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (extense extenses and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/16 Rpt: 12/24	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
	02/07/2024	Axiom	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9,503.00	800 W. 47th St.	
		Suite 200	
		Kansas City, MO 64112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Mailers	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	02/12/2024	Axiom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11,419.00	800 W. 47th St.	
		Suite 200	
		Kansas City, MO 64112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Navertising Expense	outside of Texas. Complete Schedule T.
		Mailers	TX, officeholder living expense
		Malicis	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office field
	Date	Payee name	
	02/13/2024	Axiom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14,038.00	800 W. 47th St.	
		Suite 200	
		Kansas City, MO 64112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Mailers	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising 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

	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: 5/16 Rpt: 13/24	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	02/13/2024	Axiom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,202.00	800 W. 47th St.
		Suite 200
		Kansas City, MO 64112
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
		Mailers
		interior of the control of the contr
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/21/2024	Axiom
	Amount (\$)	Payee address; City; State; Zip Code
	\$14,038.00	800 W. 47th St.
		Suite 200
		Kansas City, MO 64112
	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
		Mailers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2024	Axiom
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,503.00	800 W. 47th St.
		Suite 200
		Kansas City, MO 64112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Mailers
_	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 Comn 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		I Out of District ER (enter a category not listed above)
1	Total pages Schedule F1:		ID (Ethics Commission Filers) 87820
	Sch: 6/16 Rpt: 14/24		0/020
4	Date 02/21/2024	5 Payee name Axiom	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11,419.00	800 W. 47th St.	
		Suite 200	
		Kansas City, MO 64112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		exas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeh	nolder living expense
		Mailers	
9	Complete ONLY if direct expenditure to benefit C/OI		Office held
	Date	Payee name	
	01/31/2024	Bernal, Liza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$180.00	420 S. Getty	
		Uvalde, TX 78801	
	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 Ti	exas. Complete Schedule T.
		Door To Door Walker	
	Complete ONLY if direct expenditure to benefit C/Ol		Office held
	Date	Payee name	
	02/12/2024	Bernal, Liza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$216.00		
		Uvalde, TX 78801	
	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 T	exas. Complete Schedule T.
		Door to Door Walker	lolder living 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 -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 15/24	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	02/19/2024	Bernal, Liza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.00	420 S. Getty
		Uvalde, TX 78801
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 Door to Door Walker
		Door to Door Warker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	02/12/2024	Delgado, Carlos
	Amount (\$)	Payee address; City; State; Zip Code
	\$264.00	834 S. Getty
		Apt. 603
		Uvalde, TX 78801
	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 Door to Door Walker
		Door to Door Warker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	02/19/2024	Delgado, Carlos
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	834 S. Getty
		Apt. 603
		Uvalde, TX 78801
	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 Door to Door Walker
		Door to Door Waiker
_	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 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 Expense Legal Services The Instruction Guide ex	Salaries/V	kpense /ages/Contract La		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER N.	AME			3	Filer ID	(Ethics Commission Filers)
	Sch: 8/16 Rpt: 16/24	McLaug	hlin Jr., Don E.				00087820	
4	Date	5 Payee na	ame					
	02/13/2024	Edgerto	n Strategies, LLC					
6	Amount (\$)	7 Payee ac	ldress; City;	State; Zip Co	de			
	\$10,500.00	1540 Ke	eller Parkway #108-402					
		Keller, 1	X 76248					
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Descript			
	OF EXPENDITURE	Advertis	ing Expense				ide of Texas. Com , officeholder living	plete Schedule T.
					Digital		, onicendider livini	g expense
					.93			
9	Complete ONLY if direct expenditure to benefit C/Oł		/Officeholder name	Office sou	ght		Office h	eld
	Date	Payee na	ame					
	02/14/2024	Flores, I						
	Amount (\$)	Payee ad		State; Zip Co	de			
	\$96.00	605 N. F		, ,				
			TX 78801					
	PURPOSE OF		(See Categories listed at the top of	this schedule)	(b) Descript		ide of Tevas Com	plete Schedule T.
	EXPENDITURE	Salaries	/Wages/Contract Labor		=		, officeholder living	
					Door to	Door W	alker	
	Complete ONLY if direct expenditure to benefit C/O		/Officeholder name	Office sou	ght		Office h	eld
	Date	Payee na	ame					
	02/09/2024	Greenw	alt, Julie					
	Amount (\$)	Payee ad	ddress; City;	State; Zip Co	de			
	\$120.00	11 Leon	a Heights					
		Uvalde,	TX 78801					
	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Descript	tion		
	OF EXPENDITURE		/Wages/Contract Labor		Check	k if travel outs		plete Schedule T.
	EM EMPHONE				_		, officeholder living	g expense
					טטטו נט	Door W	aikei	
	Complete ONLY if direct	Candidata	/Officeholder name	Office	aht		Office h	old
	Complete ONLY if direct expenditure to benefit C/OH		/Officeholder name	Office sou	yııı		Office n	ciu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	/ - al Cor	mmittee	Gift/Awards/Mer Legal Services	·	Salarie	-	nse es/Contract Labor blete this form.		Travel O		strict category not listed above)
_	Total manage Calcadate 54	<u> </u>			o Galac ca	p.a 11011 to	Jonip		1~	File - ID		(Ethiaa Commissies Ellers)
	Total pages Schedule F1:								3			(Ethics Commission Filers)
	Sch: 9/16 Rpt: 17/24		McLaughlin	Jr., Don E.						00087	820	
4	Date	5	Payee name		<u></u>	<u></u>						
	02/19/2024		Greenwalt,	Julie								
6	Amount (\$)	7	Payee addre	ss; City;		State; Zip	Code	<u> </u>				
	\$471.72		11 Leona H			·						
				J								
			Lhvalda TV	70001								
Ļ		_	Uvalde, TX				1					
8	PURPOSE OF	(a)	Category (Se			this schedule)	(b	Description				
	EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor			Check if travel Check if Austin				plete Schedule T.
								Door to Door			ici iiviiiy	g experise
								2001 10 2001	• • •			
<u>_</u>	Complete ONLY if direct	<u> </u>	Condidate /Cff	oobold =		Office	01126	+		04	fice b	ald
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	cenolaer nar	ie	Office s	ougn	ι		Off	fice he	elu
	Date		Payee name						_			
	02/13/2024		Hobby Lobb	ру								
	Amount (\$)		Payee addre	ss; City;		State; Zip	Code)				
	\$66.93		2334 E. Ma	in St.								
			Uvalde, TX	78801								
	DUDDOGE	<u>,</u>					1	.				
	PURPOSE OF	(a)	Category (Se		ed at the top of	this schedule)	(b	Description	Outo	ido of Torra	oc Com	unloto Schodulo T
	EXPENDITURE		Event Expe	nse				Check if travel				plete Schedule T. g expense
								Decorations	, .,	,	.	y - p
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder nar	ne	Office s	Oliup:	t		Off	fice he	əld
	expenditure to benefit C/O		Janaidale/OIII	oonoluci nai		Office 3	Jugii	•		Oli		oiu.
_												
	Date		Payee name									
L	02/06/2024	L	Jessee, Edi	na 								
	Amount (\$)		Payee addre	ss; City;		State; Zip	Code	:				
	\$180.00		PO Box 294	1								
			La Pryor, T	x 78872								
	PURPOSE	(a)	Category (Se		ad at the torn	thin only \	(h) Description				
	OF	`"	Salaries/Wa			uns scriedule)	`"		outs	ide of Texa	as. Com	plete Schedule T.
	EXPENDITURE		Salai 163/ VV	ages/ Contro	ot Lubbi			Check if Austin				
								Door to Door	W	alker		
	Complete ONLY if direct		Candidate/Offi	ceholder nar	ne	Office s	ough	t		Off	fice he	eld
	expenditure to benefit C/O	Н					-					
_												

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
-	Sch: 10/16 Rpt: 18/24	McLaughlin Jr., Don E.	
Ļ	<u> </u>		_
4	Date	5 Payee name	
L	02/12/2024	Jessee, Edna	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$120.00	PO Box 294	
		La Pryor, TX 78872	
		·	
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	
		Door to Door Walker	
		Dool to Dool waiker	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiulture to beliefit C/OI	···	
	Date	Payee name	
	02/19/2024	Jessee, Edna	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$180.00	PO Box 294	
	Ψ100.00	1 0 50% 207	
		La Pryor, TX 78872	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LA LIBITORE	Check if Austin, TX, officeholder living expense	
		Door to Door Walker	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	п 	
Т	Date	Payee name	
	02/06/2024	Leal, Lucy	
	Amount (\$)	Payee address; City; State; Zip Code	-
		PO Box 555	
	\$180.00	FO DUA 333	
L		La Pryor, TX 78872	_
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAFLINDITURE	Check if Austin, TX, officeholder living expense	
		Door to Door Walkers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	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 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: 11/16 Rpt: 19/24	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
	02/12/2024	Leal, Lucy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$180.00	PO Box 555	
		La Pryor , TX 78872	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
_	OF	1	utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Door to Door	Walker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/19/2024	Leal, Lucy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$180.00	PO Box 555	
		La Pryor , TX 78872	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	J Salaries/Wages/Contract Labor	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Door to Door	
			- Cantel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/31/2024	Martinez, Eva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$108.00	307 N. Camp	
		·	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Door To Door	Walkers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Superiorder 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 Com

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: 12/16 Rpt: 20/24	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
L	02/12/2024	Martinez, Eva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.00	307 N. Camp
		Uvalde, TX 78801
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 Door to Door Walker
		Door to Door warker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/19/2024	Martinez, Eva
H	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	307 N. Camp
		Uvalde, TX 78801
	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 Door to Door Walker
		Door to Door Warker
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/12/2024	Noveron, Aalayna
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$132.00	430 S. Getty
		Uvalde, TX 78801
T	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
		Door to Door Walker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 21/24	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
	02/19/2024	Noveron, Aalayna	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.00	430 S. Getty	
		Uvalde, TX 78801	
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.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Door to Door Walker
Ļ	0 1: 01:17.7.1		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	02/13/2024	Pleasanton Country Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$828.50	1801 McGuffin Dr.	
		Pleasanton, TX 78064	
	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
			Food during event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
			Office field
	expenditure to benefit C/OI		
L		1	
	Date	Payee name	
	Date 02/12/2024	Payee name Rangel, Mario	
	Date 02/12/2024 Amount (\$)	Payee name Rangel, Mario Payee address; City; State; Zip Code	
	Date 02/12/2024	Payee name Rangel, Mario	
	Date 02/12/2024 Amount (\$)	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd.	
	Date 02/12/2024 Amount (\$)	Payee name Rangel, Mario Payee address; City; State; Zip Code	
	Date 02/12/2024 Amount (\$) \$484.00	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd. Uvalde, TX 78801	Description
	Date 02/12/2024 Amount (\$) \$484.00	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd. Uvalde, TX 78801	Description Check if travel outside of Texas. Complete Schedule T.
	Date 02/12/2024 Amount (\$) \$484.00 PURPOSE OF	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd. Uvalde, TX 78801 (a) 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
	Date 02/12/2024 Amount (\$) \$484.00 PURPOSE OF	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd. Uvalde, TX 78801 (a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	Date 02/12/2024 Amount (\$) \$484.00 PURPOSE OF EXPENDITURE	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd. Uvalde, TX 78801 (a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sound system rental
	Date 02/12/2024 Amount (\$) \$484.00 PURPOSE OF	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd. Uvalde, TX 78801 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sound system rental
	Date 02/12/2024 Amount (\$) \$484.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd. Uvalde, TX 78801 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sound system rental
	Date 02/12/2024 Amount (\$) \$484.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Rangel, Mario Payee address; City; State; Zip Code 953 S. Homestead Rd. Uvalde, TX 78801 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sound system rental

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	•	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	•	3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 22/24	McLaughlin Jr., Don E.		00087820
4	Date	5 Payee name		'
	02/12/2024	Remington Research Group		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$4,700.00	800 W. 47th St.		
		Suite 200		
		Kansan City, MO 64112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Polling Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Polling
				Toming
9	Complete ONLY if direct	Candidate/Officeholder name Office	ought	Office held
	expenditure to benefit C/OI		J	
	Date	Payee name		
	02/21/2024	Remington Research Group		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$6,512.52	800 W. 47th St.		
		Suite 200		
		Kansas City, MO 64112		
	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.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Text
	Complete ONLY if direct	Candidate/Officeholder name Office	souaht	Office held
	expenditure to benefit C/OI		3	
	Date	Payee name		
	02/20/2024	Ruth Lattimore Photography		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$271.88	120 W. Leona St.		
		Uvalde, TX 78801		
	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 Photographer
				i notograpnei
_	Complete ONLY if direct	Candidate/Officeholder name Office	 souaht	Office held
	expenditure to benefit C/OI		J -	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 15/16 Rpt: 23/24	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	02/01/2024	US Post Office
6	Amount (\$) \$136.00	7 Payee address; City; State; Zip Code
	\$130.00	103 S. Getty
		Uvalde, TX 78801
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
		Stamps
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2024	Uvalde Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	404 Perez St.
		Uvalde, TX 78801
	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
		Radio Ads
		radio / las
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/19/2024	Velasquez, Beatrice
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.00	126 Joe Carper Dr.
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Door to Door Walker
		Dool to Dool vvalkel
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor

	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: 16/16 Rpt: 24/24	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	02/06/2024	Wal Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.40	3100 E. Main St.
		Uvalde, TX 78801
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
		Table
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit of of	
	Date	Payee name
	02/08/2024	Webb County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	10601 Cabo Wabo
		Laredo, TX 78045
	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
		Event Fee
		L VOIIL I GO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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1		