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 Commis	,	 Total pages filed: 55 	
			00087716			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE	ONLY
NAME	Mr.	Brent A.			Date Received	
					ELECTRONICALL	
	NICKNAME	LAST		SUFFIX	02/26/2024	
		Money				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #: CIT	-v·	ZIP CODE	Date Hand-delivered or Date	Postmarked
4 CANDIDATE / OFFICEHOLDER		/ SUITE #, CII	Τ,	ZIP CODE	Bate Hand delivered of Bate	rosinanca
MAILING	2606 Lee St.				Descript //	
ADDRESS					Receipt # An	nount
Change of Address	Greenville, TX 75401					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Thomas B.				
NAME	1011.	momas D.				
	NICKNAME	LAST		SUFFIX		
		Oliver				
6 CAMPAIGN	STREET ADDRESS (NO PC		ΔΡΊ	/ SUITE #; CITY;	STATE;	ZIP CODE
TREASURER		, boxt lease),		<i>T</i> SOIL <i>#</i> , CITT,	STATE,	
ADDRESS	1935 E. Beach St.					
(Residence or Business)						
	Greenville, TX 75402					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(903) 455-1403					
PHONE						
8 REPORT						
8 REPORT TYPE	January 15	30th day before		Runoff	1 15th day after compain	in traceuror
=		Sour day below		Runon	15th day after campaig appointment (officehold	
	July 15	X 8th day before	election	Exceeded modified	Final Report (Attach C	(OH-FR)
				reporting limit]	,
9 PERIOD	Month Devi Maria			Month Day	Voor	
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/26/2024	11	HROUGH	02/24/2024	1	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XF	Primary	Runoff	Other	
	03/05/2024		General	Special	—	
			Belleral	Special		
				-		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 2	
		GO T	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	thics.state.tx.us	S	Version \	/3.5.1.9000c471

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 55

13 C / OH NAME	Money, Brent A. (Mr.)		14 Filer ID (00087716	Ethics Commission File	ers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t I officeholders are required to report this information	he 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	ŝS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC					
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	CTRONICALLT)	\$ C	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	;)	\$ 286,357	7.86		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ C	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 302,857	'.04		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L/ RIOD	AST DAY OF THE	\$ 44,810).77		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ C	0.00		
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
		Mr.	Brent A. Money				
		Signature of	Candidate or Officehol	der			
AFFIX NOT	AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subso	ribed before me, by the s	aid	, this the	day			
of	of, 20, to certify which, witness my hand and seal of office.						
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH			м С/ОН
	C	OVER SHE	ET PG 3 3 of 55
18 FILER NAME Money, Brent A. (Mr.)	19 Filer ID 00087716	(Ethics Commi	ssion Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOT	AL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	282,651.59
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,706.27
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	302,857.04
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$		
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/55	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
Money, Brer	nt A. (Mr.)		00087716	
4 Date 02/07/2024	 5 Full name of contributor out-of-state PAC (ID#: Barnard, Harold 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)\$52	2.05
	Quinlan, TX 75474			
8 Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions Baylor)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/13/2024	Baumann, Christopher		\$500	0.00
	Contributor address; City; State; Zip Code Argyle, TX 76226			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Attorney		ResponsiveEd)	
		· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (¢)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	- 00
02/02/2024	Blizzard, Garrit Contributor address; City; State; Zip Code		ዋር	5.00
	Bivins, TX 75555 Ipation / Job title (See Instructions)	Employer (See Instructions)	
Student		N/A		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/16/2024	Bowen, Scott		\$104	4.10
	Contributor address; City; State; Zip Code Webster, TX 77598			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Engineer		TPC Group	-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
02/16/2024	Caison, Claude		\$250	0.00
	Contributor address; City; State; Zip Code Campbell, TX 75422			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired		Retired		
		L		

SCHEDULE A1

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
	· · · ·		Sch: 2/8 Rpt: 5/55
2 FILER NAME Money, Bren		ļ	3 Filer ID (Ethics Commission Filers) 00087716
4 Date 02/04/2024	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/04/2024			\$2,000.00
	6 Contributor address; City; State; Zip Code	ļ	
		ļ	
	Greenville, TX 75401	ļ	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u> 3)
Sr. Software	Engineer	Trexie Management, LLC	.C
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/15/2024	—		\$50.00
	Contributor address; City; State; Zip Code		1
		ļ	
		ļ	
	Wills Point, TX 75169		
	upation / Job title (See Instructions)	Employer (See Instructions)	à)
Land Man		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/05/2024	Cringean, George	ļ	\$25.00
	Contributor address; City; State; Zip Code]	1
		ļ	
= · · · -!	Renton, WA 98055		
	upation / Job title (See Instructions)	Employer (See Instructions)	\$)
Security	. 	Allied	•
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/05/2024	Crowl, Joe		\$200.00
	Contributor address; City; State; Zip Code		
		ļ	
	Greenville, TX 75401	ļ	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 6)
SRT		Robot Guy	''
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
02/01/2024	Defend Liberty Texas PAC	ļ	\$25,000.00
1	Contributor address; City; State; Zip Code		1
1		ļ	
		ļ	
	Willow Park , TX 76087	!	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/8 Rpt: 6/55 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Money, Brent A. (Mr.) 00087716 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/05/2024 **Defend Liberty Texas PAC** \$25,000.00 6 Contributor address; City; State; Zip Code Willow Park, TX 76087 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/03/2024 \$100.00 Dillow, M.P and V.I. Contributor address; City; State; Zip Code Waxahachie, TX 75167 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/20/2024 Dunn, Robert \$104.10 Contributor address; City; State; Zip Code Sulphur Springs, TX 75482 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/07/2024 \$100.00 Eller, Bill and Charlene Contributor address; City; State; Zip Code Greenville, TX 75402 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/12/2024 Fairly, Alex \$50,000.00 Contributor address; City; State; Zip Code Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Fairly Group

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instruc	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/55
2 FILER NAME Money, Brent	at A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087716
02/07/2024	 5 Full name of contributor out-of-state PAC (ID#: Family Empowerment Coalition PAC 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)\$10,000.00
	Austin, TX 78734		
B Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 01/26/2024	Fite, Ralph)	Amount of Contribution (\$) \$250.00
Principal occup SVP-Finance	Houston, TX 77057 pation / Job title (See Instructions)	Employer (See Instructions) Welcome Group, LLC	1
Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Fort, Emily Contributor address; City; State; Zip Code Greenville, TX 75402		Amount of Contribution (\$) \$5.21
Principal occup Marketing	pation / Job title (See Instructions)	Employer (See Instructions) Self	-
Date 02/19/2024	Full name of contributor out-of-state PAC (ID#:_ Harwood, Sara Contributor address; City; State; Zip Code Quinlan, TX 75474)	Amount of Contribution (\$) \$260.25
Principal occup CFO	pation / Job title (See Instructions)	Employer (See Instructions) Regional Plastic Surgery	
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: J.K. Hammack, Inc. Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10,000.00
Principal occur	Celeste, TX 75423 pation / Job title (See Instructions)	Employer (See Instructions)	1

SCHEDULE A1

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/55
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Money, Brent A. (Mr.)				00087716
4	Date	5 Full name of contributor Out-of-state PAC (ID#	t:) 7	Amount of Contribution (\$)
	02/07/2024	Key, Gene			\$26.03
		6 Contributor address; City; State; Zip Code			
		Caddo Mills, TX 75135			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Inst	ructions)	
	Retired		Retired		
F	Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
	02/03/2024	Lasky, Blake			\$5.21
		Contributor address; City; State; Zip Code			
		Greenville, TX 75402			
	Principal occu	pation / Job title (See Instructions)	Employer (See Inst	ructions)	
	Software En	gineer	Pure Storage		
	Date	Full name of contributor out-of-state PAC (ID#	t:		Amount of Contribution (\$)
	02/13/2024	McNutt, Thomas & Julie			\$1,000.00
		Contributor address; City; State; Zip Code			
		Corsicana, TX 75110			
	Principal occu	pation / Job title (See Instructions)	Employer (See Inst		
	Executive		Collin Street Bak	ery	
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	t:		Amount of Contribution (\$)
	02/04/2024	Middleton, Mayes			\$20,000.00
		Contributor address; City; State; Zip Code			
		Galveston, TX 77550			
		pation / Job title (See Instructions)	Employer (See Inst		
	Oil and Gas		Middleton Oil Co	mpany	
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
	02/22/2024	Miller, Joshua			\$10.41
		Contributor address; City; State; Zip Code			
		Greenville, TX 75401			
		pation / Job title (See Instructions)	Employer (See Inst		
	Paralegal		Money Law & Tit	le	

SCHEDULE	A1
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			T	Total pages Cohedula A1	
The Instru	ction Guide explains how to complete this f	iorm.		Total pages Schedule A1: Sch: 6/8 Rpt: 9/55	
2 FILER NAME		!	╞	-	
Money, Bren		1	ľ	Filer ID (Ethics Commission 00087716	JII FIIEIS)
-	· · ·		Ļ		
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#: Morris, Jerry		 ′	Amount of Contribution (\$)	\$104.10
UZIZZIZUZT	, ,				Φ10 4 .±0
	6 Contributor address; City; State; Zip Code	!			
		!			
	Wills Point, TX 75169	1			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Retired		Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
02/14/2024	Norrell, Donnie	,			\$500.00
	Contributor address; City; State; Zip Code		"		
		1			
		,			
	Canton, TX 75103	1			
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Retired		Retired	—		
Date)		Amount of Contribution (\$)	
02/01/2024					\$7,500.00
	Contributor address; City; State; Zip Code	!			
		!			
	Flower Mound, TX 75022	!			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
Retired		Retired	-,		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Τ	Amount of Contribution (\$)	
02/19/2024	Riggles, Thomas	,			\$100.00
	Contributor address; City; State; Zip Code				T · · · ·
		1			
		,			
·	Austin, TX 78750				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Retired		Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
02/02/2024	Roach, David and Elizabeth				\$20.00
	Contributor address; City; State; Zip Code	,	1		
		1			
	Der Wheeler TV 75474	1			
Duin single age	Ben Wheeler, TX 75474				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Studied A1: Sch: 7/B Rpt: 10/65 2 FLER NAME Money, Brent A. (Mr.) 3 Flerib (Entic Commission Filers) 00087736 4 Date 02/07/2024 Fall name of contributor [] out-of-state PAC (DD:							
Money, Brent, A. (Mr.) 00087716 4 Date 5 Full name of contribution out-of-state PAC (Dist) 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See instructions) 9 Employer (See instructions) 7 Amount of Contribution (\$) 9 Date Full name of contributor out-of-state PAC (Dist) Amount of Contribution (\$) \$\$26.03 9 Date Full name of contributor out-of-state PAC (Dist) Amount of Contribution (\$) \$\$26.03 02/23/2024 Full name of contributor out-of-state PAC (Dist) Amount of Contribution (\$) \$\$26.03 02/23/2024 Full name of contributor out-of-state PAC (Dist) Amount of Contribution (\$) \$\$26.03 02/20/2024 Full name of contributor out-of-state PAC (Dist) Amount of Contribution (\$) \$\$26.03 02/20/2024 Full name of contributor out-of-state PAC (Dist) Amount of Contribution (\$) \$\$26.03 02/20/2024 Sadier, Tary Contributor address; City; State; Zip Code Amount of Contribution (\$) \$\$20.00 02/20/2024 Full name of contributor out-of-state PAC (Dist) Amount of Contribution (\$) \$\$200.00 02/20/2024 Full name of contributor out-of-state PAC (Dist) Amount		The Instruction Guide explains how to complete this form.					
4 Date 5 Full name of contributor out-of-state PAC (Do::	2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
02/07/2024 Robbins, Jill \$52.05 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (Der,		Money, Bren	t A. (Mr.)				
6 Contributor address; City; State: Zip Code Holland, TX 76534 9 8 Principal occupation / Job tife (See Instructions) Self Self Date O2/23/2024 Resson, Rebecca Out-of-state PAC (ID#) Amount of Contribution (\$) \$26,03 O2/23/2024 Rosson, Rebecca Van, TX 75790 Employer (See Instructions) Principal occupation / Job tife (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) 02/20/2024 Full name of contributor out-of-state PAC (ID#	4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
6 Contributor address: City: State; Zip Code Holland. TX 76534 9 8 Principal occupation / Job title (See Instructions) Self 9 Date Full name of contributor out-of-state PAC (ID): Amount of Contribution (\$) Self Date Contribution address; City: State; Zip Code Amount of Contribution (\$) Self \$26.03 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Statler, Tx 75790 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Statler, Terry O2/20/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (\$) Statler, Terry Contributor address: City: State: Zip Code Contributor address; City: State: Zip Code Amount of Contribution (\$) State Principal occupation / Job title (See Instructions) Hunt Regional Medical Center State Date Contributor address; City: State; Zip Code Amount of Contribution (\$) State; Zip Code \$200.00 Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code Amount of Contribution (\$) State; Zip Code \$200.00 Principal occupation / Job title (See Instructions) Retired Full n		02/07/2024					\$52.05
8 Principal occupation / Job title (See Instructions) Self 9 Employer (See Instructions) Self Date 02/23/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$26.03 02/23/2024 Full name of contributor out-of-state PAC (Dor Van, TX 75790 Amount of Contribution (\$) Retired Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Sadler, Terry 02/20/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S350.00 02/20/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S200.00 Principal occupation / Job title (See Instructions) Physical Therapist Employer (See Instructions) Hunt Regional Medical Center Date 02/05/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S200.00 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) S2,500.00 02/12/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S2,500.00			6 Contributor address; City; State; Zip Code				
8 Principal occupation / Job title (See Instructions) Self 9 Employer (See Instructions) Self Date 02/23/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$26.03 02/23/2024 Full name of contributor out-of-state PAC (Dor Van, TX 75790 Amount of Contribution (\$) Retired Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Sadler, Terry 02/20/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S350.00 02/20/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S200.00 Principal occupation / Job title (See Instructions) Physical Therapist Employer (See Instructions) Hunt Regional Medical Center Date 02/05/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S200.00 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) S2,500.00 02/12/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S2,500.00							
8 Principal occupation / Job title (See Instructions) Self 9 Employer (See Instructions) Self Date 02/23/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$26.03 02/23/2024 Full name of contributor out-of-state PAC (Dor Van, TX 75790 Amount of Contribution (\$) Retired Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) Sadler, Terry 02/20/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S350.00 02/20/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S200.00 Principal occupation / Job title (See Instructions) Physical Therapist Employer (See Instructions) Hunt Regional Medical Center Date 02/05/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S200.00 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) S2,500.00 02/12/2024 Full name of contributor out-of-state PAC (Dor Contributor address; City; State; Zip Code Amount of Contribution (\$) S2,500.00							
Self Self Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/23/2024 Rosson, Rebecca \$26.03 Contributor address; City: State; Zip Code Image: Contributor address; City: State; Zip Code Image: Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/20/2024 Sadler, Terry Amount of Contribution (\$) \$350.00 Contributor address; City: State; Zip Code Caddo Mills, TX 75135 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Hunt Regional Medical Center Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/05/2024 Senger, Lora Senger, Lora Stallings, Kyle Contributor address; City: State; Zip Code Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/12/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/12/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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02/23/2024 Rosson, Rebecca \$26.03 Contributor address; City; State; Zip Code \$26.03 Van, TX 75790 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:		Self		Self			
Contributor address; City; State; Zip Code		Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Van, TX 75790 Employer (See Instructions) Retired Retired Date Full name of contributor		02/23/2024					\$26.03
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (D#:					"		
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (D#:							
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (D#:							
Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2024 Sadler, Terry Contributor address; City; State; Zip Code Amount of Contribution (\$) Caddo Mills, TX 75135 Employer (See Instructions) Hunt Regional Medical Center Physical Therapist Full name of contributor out-of-state PAC (ID#:			Van, TX 75790				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2024 Sadler, Terry \$350.00 Contributor address; City; State; Zip Code \$350.00 Caddo Mills, TX 75135 Employer (See Instructions) Physical Therapist Hunt Regional Medical Center Date Full name of contributor out-of-state PAC (ID#:) 02/05/2024 Senger, Lora Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Greenville, TX 75402 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Greenville, TX 75402 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:		-	pation / Job title (See Instructions)	Employer (See Instructions	s)		
02/20/2024 Sadler, Terry \$350.00 Contributor address; City; State; Zip Code \$350.00 Caddo Mills, TX 75135 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Physical Therapist Full name of contributor		Retired		Retired			
Contributor address; City; State; Zip Code Caddo Mills, TX 75135 Principal occupation / Job title (See Instructions) Physical Therapist Date 02/05/2024 Senger, Lora Contributor address; City; State; Zip Code Greenville, TX 75402 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Date O2/12/2024 Full name of contributor out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Retired Date O2/12/2024 Stallings, Kyle Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired		Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Caddo Mills, TX 75135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physical Therapist Hunt Regional Medical Center Date Full name of contributor out-of-state PAC (ID#:		02/20/2024					\$350.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physical Therapist Hunt Regional Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 Senger, Lora							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physical Therapist Hunt Regional Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 Senger, Lora							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physical Therapist Hunt Regional Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 Senger, Lora							
Physical Therapist Hunt Regional Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 Senger, Lora \$200.00 Contributor address; City; State; Zip Code Greenville, TX 75402 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Midland, TX 79702 Employer (See Instructions) Senployer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Senployer (See Instructions)			Caddo Mills, TX 75135				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 Senger, Lora \$200.00 Contributor address; City; State; Zip Code Greenville, TX 75402 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor O2/12/2024 Stallings, Kyle O2/12/2024 Stallings, Kyle Midland, TX 79702 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired							
02/05/2024 Senger, Lora \$200.00 Contributor address; City; State; Zip Code Greenville, TX 75402 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Stallings, Kyle \$2,500.00 Contributor address; City; State; Zip Code Midland, TX 79702 \$2,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2,500.00		Physical The	rapist	Hunt Regional Medical (Cer	iter	
Contributor address; City; State; Zip Code Greenville, TX 75402 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor □ out-of-state PAC (ID#:) Stallings, Kyle Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired		Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
Greenville, TX 75402 Employer (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 02/12/2024 Stallings, Kyle Amount of Contribution (\$) \$2,500.00 O2/12/2024 Midland, TX 79702 Amount of Contribution (\$) Bemployer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		02/05/2024	Senger, Lora				\$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Stallings, Kyle \$2,500.00 Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code		"		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Stallings, Kyle \$2,500.00 Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Stallings, Kyle \$2,500.00 Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Stallings, Kyle			Greenville, TX 75402				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/12/2024 Stallings, Kyle \$2,500.00 Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions)			pation / Job title (See Instructions)	Employer (See Instructions	s)		
02/12/2024 Stallings, Kyle \$2,500.00 Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Retired		Retired			
Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions)		02/12/2024	Stallings, Kyle				\$2,500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	L		Midland, TX 79702				
CEO Desert Royalty Company		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
ż		CEO		Desert Royalty Compan	ny		

SCHEDULE	A1
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1	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/55
2 F	ILER NAME			3	Filer ID (Ethics Commission Filers)
N	Money, Bren	t A. (Mr.)			00087716
4 [Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)
	02/24/2024	Stromberg, Nyal			\$100.00
		6 Contributor address; City; State; Zip Code		•	
		Greenville, TX 75402			
8 F	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)	
	Retired		Retired	-)	
				<u> </u>	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/31/2024	Stutzman, Jason			\$52.05
		Contributor address; City; State; Zip Code			
		Greenville, TX 75401			
		pation / Job title (See Instructions)	Employer (See Instructions	s)	
,	Sr. Mgr. Eng	ineer	L3Harris		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
0	02/12/2024	Texans United for a Conservative Majority			\$125,000.00
		Contributor address; City; State; Zip Code		1	
		Victoria, TX 77904			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/08/2024	Texas Right to Life PAC			\$1,000.00
		Contributor address; City; State; Zip Code		1	
		Bellaire, TX 77401			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	01/27/2024	Wallace, Bob	,		\$100.00
				1	
		Llano, TX 78643			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Retired		Retired		
			1		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/55					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Money, Bre	nt A. (Mr.)	00087716					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
02/20/2024	Money, Kenneth and Mitzi		contribution (\$) description				
	7 Contributor address; City; State; Zip Code		\$400.00 I Newspaper Advertising				
	Greenville, TX 75401		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
Retired		Retired					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution				
02/20/2024	Money, Kenneth and Mitzi	/	contribution (\$) description				
	Contributor address; City; State; Zip Code		\$1,396.00 Newspaper Advertising				
	Greenville, TX 75401		I Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Retired		Retired					
	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
			(, _ · · · · · · · · · · · · · · · · · ·				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I					
Date	Full name of contributor out-of-state PAC (ID#:	、	Amount of In-kind contribution				
02/24/2024	Full name of contributor out-of-state PAC (ID#: Texans for Dan Patrick)	contribution (\$) $\frac{1}{1}$ description				
02/24/2024			\$1,910.27 Campaign Endorsement				
	Contributor address; City; State; Zip Code		Text Message				
	Lieusten TV 77046						
	Houston, TX 77046		Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)				
lf eestations							
ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
1							

	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 Exper Gift/Awards/Memorial Legal Services	ees Office Overhead/Rental Expense ood/Beverage Expense Polling Expense it/Jwards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/43 Rpt: 13/55		Money, Bre	ent A. (Mr.)					00087716	
4	Date	5	Payee name	9						
	02/13/2024		AX Media							
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	ode			
	\$26,739.00		800 W 47th	n St.						
			Suite							
			Kansas Cit	y, MO 64112						
8	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b) Description			
			Advertising			cuuic)		l outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		-	•					, officeholder living	expense
							TV Ad Place	mei	nt	
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	0	Office sou	ıght		Office he	eld
	Date		Payee name	9						
	02/13/2024		Alaoui, Abo	dorahman						
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	ode			
	\$1,250.00		615 Paul W	/ilson Rd.						
			Wylie, TX 7	75098						
	PURPOSE	(a)	-				(b) Description			
	OF	(~)		See Categories listed at ages/Contract L		edule)		l outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Galaries/W				Check if Austi	n, TX	, officeholder living	expense
							Canvassing			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	C	Office sou	ıght		Office he	eld
	Date		Payee name	2						
	02/20/2024		Alaoui, Abo							
_	Amount (\$)		Payee addre	ess; City;	State:	; Zip Co	ode			
	\$1,250.00		615 Paul W		,					
	,_,									
			Wylie, TX 7	75098						
	PURPOSE OF	(a)		See Categories listed at		edule)	(b) Description			
	EXPENDITURE		Salaries/W	ages/Contract L	.abor				ide of Texas. Com , officeholder living	
							Canvassing	II, IA,	, onicendider nving	lexpense
							Canvassing			
-	Complete ONLY if direct	Ľ	Candidate/Off	ficeholder name	(Office sou	l Jaht		Office he	eld
	expenditure to benefit C/Oł					211100 300	-9. IL		Child He	
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment			Fees Office Overhead/Rental Expense Transportation E Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District					Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/43 Rpt: 14/55		Money, Brent A. (Mr.)					00087716	
4	Date	5	Payee name						
	02/01/2024		Alliance Bank						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
ľ	\$10.00	ľ	6609 Wesley St.	Olule,	, zip 00				
	\$10.00		ooos weaky st.						
			Greenville, TX 75402						
8	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	EXPENDITURE		Fees					de of Texas. Comp	
						Wire Fee	I, IA,	onicendider living	expense
9	Complete ONLY if direct		Candidate/Officeholder name		Office sou	aht		Office hel	d
ľ	expenditure to benefit C/OF					gin		Onice her	
	Data	1							
	Date		Payee name						
	02/05/2024		Alliance Bank						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$10.00		6609 Wesley St.						
			Greenville, TX 75402						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees		,		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITORE						I, TX,	officeholder living	expense
						Wire Fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office hel	d
	expenditure to benefit e/or								
	Date		Payee name						
	02/12/2024		Alliance Bank						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$10.00		6609 Wesley St.						
			Greenville, TX 75402						
-	PURPOSE	(a)				(b) Description			
	OF	("	Category (See Categories listed at th	e top of this sch	iedule)		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		1003					officeholder living	
						Wire Fee			
	Complete ONLY if direct		Candidate/Officeholder name	(Office sou	ght		Office hel	d
	expenditure to benefit C/OF	H							

			EXPENDITURE	CATEGORI	ES FOR B	OX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schodula F1:	2 EHE			w to comp		2		(Ethics Commission Filors)	
1	Total pages Schedule F1: Sch: 3/43 Rpt: 15/55		ey, Brent A. (Mr.)				3	Filer ID 00087716	(Ethics Commission Filers)	
4	Date 02/12/2024		e name nce Bank							
6	Amount (\$) \$10.00	6609	e address; City;) Wesley St. enville, TX 75402	State;	Zip Code					
8	PURPOSE OF EXPENDITURE	(a) Cate Fees		top of this sched	ule) (b			de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	Off	ice sought	l		Office he	eld	
	Date	Paye	e name							
	02/22/2024	Axio	m Strategies							
-	Amount (\$)	Paye	e address; City;	State;	Zip Code					
	\$1,100.00		W 47th St							
		Suite	200							
			sas City, MO 64112							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the sulting Expense	top of this sched	ule) (b	Check if Austin	n, TX,	de of Texas. Com officeholder living DTV/event fly		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	Off	ice sought	I		Office he	eld	
	Date	Pave	e name							
	02/21/2024		m Strategies							
	Amount (\$) \$12,325.00	800 Suite	e address; City; W 47th St e 200 sas City, MO 64112	State;	Zip Code					
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the ertising Expense	top of this sched	_{ule)} (b			de of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		late/Officeholder name	Off	ice sought	i		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event B Fees Food/B Gift/Aw nmittee Legal S	Fees Office Overhead/Rental Expense Transportation I Food/Beverage Expense Polling Expense Travel in Distric Gift/Awards/Memorials Expense Printing Expense Travel Out of Di					Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/43 Rpt: 16/55		Money, Brent A.	(Mr.)				ľ	00087716	· · · · ·
4	Date	5	Payee name					•		
	02/19/2024		Axiom Strategies	i						
6	Amount (\$) \$19,336.00		Payee address; 800 W 47th St	City;	State; Z	Zip Cod	e			
			Suite 200							
			Kansas City, MO	64112						
8	PURPOSE OF EXPENDITURE		Category _{(See Cate} Advertising Expe		this schedu	ile) (ide of Texas. Com, , officeholder living	•
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officehold	der name	Offi	ce soug	ht		Office he	eld
	Date		Payee name							
	02/17/2024		Axiom Strategies	i						
	Amount (\$)		Payee address;	City;	State; Z	Zip Cod	e			
	\$23,898.00		800 W 47th St	5.		•				
			Suite 200							
			Kansas City, MO	64112						
	PURPOSE	(a)	Category (See Cate	gories listed at the top of	this schedu	ile) (b) Description			
	OF EXPENDITURE		Advertising Expe						ide of Texas. Com	•
							Check if Austin Direct Mail	ι, TX	, officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officehold	ler name	Offi	ce soug	ht		Office he	eld
	Date		Payee name							
	02/13/2024		Axiom Strategies	i						
	Amount (\$)		Payee address;	City;	State; Z	Zip Cod	e			
	\$19,336.00		800 W 47th St							
			Suite 200							
			Kansas City, MO	64112						
	PURPOSE	(a)	Category (See Cate	pories listed at the top of	this schedu	le) (b) Description			
	OF EXPENDITURE		Advertising Expe			- /	Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITORE							ı, TX	, officeholder living	expense
							Direct Mail			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officehold	der name	Offic	ce soug	ht		Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 5/43 Rpt: 17/55	Money, Brent A. (Mr.) 00087716							
4 Date 02/13/2024	5 Payee name							
	Axiom Strategies							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$26,739.00	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.							
EXPENDITORE	Check if Austin, TX, officeholder living expense							
	Direct Mail							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
02/09/2024	Axiom Strategies							
Amount (\$)	Payee address; City; State; Zip Code							
\$14,122.00	800 W 47th St							
· · · · · · · · · · · · · · · · · · ·	Suite 200							
	Kansas City, MO 64112							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Direct Mail							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	0							
Data	Davias nama							
Date 02/06/2024	Payee name							
	Axiom Strategies							
Amount (\$)	Payee address; City; State; Zip Code							
\$9,359.00	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 Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense							
	Direct Mail							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	1							

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expens Accounting/Bankin Consulting Expens Contributions/ Don Candidate/Offic Credit Card Payme	g e ations Made By eholder/Politica	Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of Dis				quipment & Related Exp				
1 Total marian Cal				•		•	1	Filer ID	(Ethios Commissio	n Filoro)
1 Total pages Sch Sch: 6/43 Rp			ent A. (Mr.)				3	Filer ID 00087716	(Ethics Commissio	n ⊢liers)
	1. 10/55	-						00007710		
4 Date 02/06/2024		5 Payee nam Axiom Stra								
				Ctata	710 00					
6 Amount (\$)	7 212 00	7 Payee addr 800 W 47t		State;	Zip Co	le				
ΦL	7,313.00	Suite 200	11 51							
			ty MO 64112							
			ty, MO 64112			<u></u>				
8 PURPOSE OF			See Categories listed at th	ne top of this sch	edule)	(b) Description	outsi	de of Texas. Com	nlete Schedule T	
EXPENDITUR	E	Advertisin	y Expense					officeholder living	•	
						Direct Mail				
9 Complete <u>ONL</u> expenditure to b			fficeholder name	C	Office sou	Jht		Office he	eld	
Date		Payee nam	e							
02/10/2024		Axiom Stra	ategies							
Amount (\$)		Payee addr	ess; City;	State;	Zip Co	de				
\$2	3,898.00	800 W 47t	h St							
		Suite 200								
		Kansas Ci	ty, MO 64112							
PURPOSE		(a) Category	See Categories listed at th	ne top of this sch	edule)	(b) Description				
OF EXPENDITUR	E	Advertisin						de of Texas. Com		
	-					Direct Mail	n, TX,	officeholder living	l expense	
						Direct Mail				
Complete ONL	r if direct	Candidate/O	fficeholder name		Office sour	nht		Office he	bld	
expenditure to b					21100 000	,				
Date		Payee nam	<u> </u>							
02/09/2024		Axiom Stra								
Amount (\$)		Payee addr		State [.]	Zip Co	10				
()	7,663.00	800 W 47t		Otato,	210 000					
	,	Suite 200								
			ty, MO 64112							
PURPOSE			·			(b) Description				
OF		Advertisin	See Categories listed at th	ne top of this sch	edule)	·· ·	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITUR	E	Advertioni	g Expense			Check if Austir	n, TX,	officeholder living	expense	
						Direct Mail				
Complete <u>ONL</u> expenditure to b			fficeholder name	C	Office sou	Jht		Office he	eld	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Sebadula E1:	2 Ell ED NAME 2 Eilor ID (Ethics Commission Eilors)
1	Total pages Schedule F1: Sch: 7/43 Rpt: 19/55	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Money, Brent A. (Mr.) 00087716
4	Date	
4	01/26/2024	5 Payee name Bonfire Data, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,934.00	1001 Congress Ave
		Ste 100
		Austin, TX 78701
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SMS Voter Contact
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2024	Bonfire Data, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,806.08	1001 Congress Ave
		Ste 100
		Austin, TX 78701
	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 SMS Voter Contact
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2024	Bonfire Data, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,874.40	1001 Congress Ave
		Ste 100
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SMS Voter Contact
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held

	Advertising Expense Accounting/Banking Consulting 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)									
1	Sch: 8/43 Rpt: 20/55	Money, Brent A. (Mr.) 00087716									
4											
4	Date 01/30/2024	5 Payee name Bonfire Data, LLC									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
-	\$1,759.68	1001 Congress Ave									
	φ1,705.00										
		Ste 100									
		Austin, TX 78701									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		SMS Voter Contact									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	01/31/2024	Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,729.76	1001 Congress Ave									
		Ste 100									
		Austin, TX 78701									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		SMS Voter Contact									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI	4									
_	Data										
	Date	Payee name									
	02/05/2024	Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$500.00	1001 Congress Ave									
		Ste 100									
		Austin, TX 78701									
	BUBBAAS										
	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
		SMS Voter Contact									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Candidate/Officeholder/F Credit Card Payment											
1 Total pages Schedule	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
Sch: 9/43 Rpt: 21/5											
4 Date	5 Payee name										
02/05/2024	Bonfire Data, LLC										
6 Amount (\$)	7 Payee address; City; State; Zip Code										
\$500.	00 1001 Congress Ave										
	Ste 100										
	Austin, TX 78701										
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										
	SMS Voter Contact										
9 Complete <u>ONLY</u> if dire expenditure to benefit											
Date	Payee name										
02/06/2024	Bonfire Data, LLC										
Amount (\$)	Payee address; City; State; Zip Code										
\$225.	00 1001 Congress Ave										
	Ste 100										
	Austin, TX 78701										
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
OF	Advertising Expense										
EXPENDITURE	Check if Austin, TX, officeholder living expense										
	SMS Voter Contact										
Complete ONLY if dire	ct Candidate/Officeholder name Office sought Office held										
expenditure to benefit	С/ОН										
Dete											
Date	Payee name										
02/08/2024	Bonfire Data, LLC										
Amount (\$)	Payee address; City; State; Zip Code										
\$1,043.	92 1001 Congress Ave										
	Ste 100										
	Austin, TX 78701										
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description										
EXPENDITURE	Advertising Expense										
	Check if Austin, TX, officeholder living expense SMS Voter Contact										
Complete <u>ONLY</u> if dire expenditure to benefit											

	Advertising Expense Accounting/Banking Consulting 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)									
1											
	Sch: 10/43 Rpt: 22/55										
4	Date	5 Payee name									
	02/08/2024	Bonfire Data, LLC									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$1,673.84	1001 Congress Ave									
	+_,010101	Ste 100									
		Austin, TX 78701									
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.									
	EXFENDITORE	Check if Austin, TX, officeholder living expense									
		SMS Voter Contact									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	02/09/2024	Bonfire Data, LLC									
_	Amount (\$)	Payee address; City; State; Zip Code									
	\$500.00	1001 Congress Ave									
		Ste 100									
		Austin, TX 78701									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		SMS Voter Contact									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI	1									
	Data	-									
	Date	Payee name									
	02/12/2024	Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$2,624.24	1001 Congress Ave									
		Ste 100									
		Austin, TX 78701									
	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									
		SMS Voter Contact									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI	1									

	Advertising Expense Accounting/Banking Consulting 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: 11/43 Rpt: 23/55	Money, Brent A. (Mr.) 00087716										
4	Date	5 Payee name										
	02/15/2024	Bonfire Data, LLC										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$2,110.16	1001 Congress Ave										
	.,	Ste 100										
		Austin, TX 78701										
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										
		SMS Voter Contact										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held										
	Date	Payee name										
	02/16/2024	Bonfire Data, LLC										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,068.40	1001 Congress Ave										
		Ste 100										
		Austin, TX 78701										
	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.										
	EXPENDITORE	Check if Austin, TX, officeholder living expense										
		SMS Voter Contact										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OI	H										
-	Date	Pavee name										
	02/20/2024	Bonfire Data, LLC										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,044.96	1001 Congress Ave										
		Ste 100										
		Austin, TX 78701										
	PURPOSE											
	OF											
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
		SMS Voter Contact										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/Oł											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)									
	Sch: 12/43 Rpt: 24/55	Money, Brent A. (Mr.) 00087716									
	-										
4	Date	5 Payee name									
	02/20/2024	Bonfire Data, LLC									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$2,016.32	1001 Congress Ave									
		Ste 100									
		Austin, TX 78701									
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									
		SMS Voter Contact									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	02/21/2024	Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,907.12	1001 Congress Ave									
		Ste 100									
		Austin, TX 78701									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
		Advertising Expense Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		SMS Voter Contact									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI	1									
-	Date	Payee name									
	02/21/2024	Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,985.20	1001 Congress Ave									
		Ste 100									
		Austin, TX 78701									
	PURPOSE										
	OF	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. 									
	EXPENDITURE	Advertising Expense									
		SMS Voter Contact									
	Complete ONLV if direct	Candidato/Officebolder.name Office courses Office courses									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									

	Advertising Expense Accounting/Banking Consulting 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: 13/43 Rpt: 25/55	Money, Brent A. (Mr.) 00087716										
4	Date	5 Payee name										
	02/22/2024	Bonfire Data, LLC										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
-	\$1,874.40	1001 Congress Ave										
	¢1,01 11 10	Ste 100										
		Austin, TX 78701										
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.										
	EXPENDITORE	Check if Austin, TX, officeholder living expense										
		SMS Voter Contact										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held										
	Date	Payee name										
	02/23/2024	Bonfire Data, LLC										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,852.32	1001 Congress Ave										
		Ste 100										
		Austin, TX 78701										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF	Advertising Expense Concerns and the concerns of the concerns										
	EXPENDITURE	Check if Austin, TX, officeholder living expense										
		SMS Voter Contact										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OI	н										
_	Data											
	Date	Payee name										
	02/13/2024	Campaign Builder										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,000.00	2431 Wiley Blvd										
		1068										
		Cedar Rapids, IA 52404										
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	EXPENDITURE	Consulting Expense										
		Comparing Stoffing										
		Campaign Staffing										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OI											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	nmittee	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Relate Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lister							Equipment & Related Expense strict	
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID ((Ethics Commission Filers)	
	Sch: 14/43 Rpt: 26/55	[Money, Bre						•	00087716		,
4	Date	5	Payee name	;								
	02/15/2024		City of Sulp	ohur Springs								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$100.00		125 S. Dav	ris St.								
			Sulphur Sp	rings, TX 754	82							
8	PURPOSE	(a)	Category (See Categories lister	d at the top of this sch	edule)	(b) D	escription				
	OF	``	Event Expe			icuaic)	Г		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		•					Check if Austin,	, TX,	officeholder living	g expense	
							E	vent Space	Re	ntal		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	e (Office sou	ght			Office h	eld	
	Date		Payee name	9								
	02/07/2024		Defend Tex	kas Liberty PA	AC							
	Amount (\$)	-	Payee addre			; Zip Co	de					_
	.,			•		, zip co	uc					
	\$1,500.00			n Cherry Lane	;							
			PO Box 42	119								
			Fort Worth	, TX 76126								
	PURPOSE	(a)	Category (s	See Categories listed	d at the top of this sch	edule)	(b) D	escription				
	OF EXPENDITURE		Email List					Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE						Ē	4	, TX,	officeholder living	g expense	
							E	mail List				
	Complete ONLY if direct		Candidate/Of	ficeholder name	e (Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name	2								
	02/19/2024		Duke, Tom									
					04-4-4	7: 0	-1 -					
	Amount (\$)		Payee addre	-	State	; Zip Co	ae					
	\$1,232.00		527 E Gos	nen								
			Canton, TX	(75103								
	PURPOSE	(a)	Category (s	See Categories listed	d at the top of this sch	edule)	(b) D	escription				
	OF		Advertising		·	,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		C	•						officeholder living	g expense	
							N	lewspaper A	d			
	Complete ONLY if direct		Candidate/Of	ficeholder name	e (Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Imittee Legal Services The Instruction		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 15/43 Rpt: 27/55		Money, Brent A. (Mr.)					00087716					
4	Date	5	Payee name				1						
	02/02/2024		E Radio Network										
6	Amount (\$)	7	Payee address; City;	State [.]	Zip Coo								
ľ	\$2,624.00	ľ	1517 Wolfe City Drive	State,	, 20 000								
	\$2,024.00												
			Greenville, TX 75401										
8	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description							
	EXPENDITURE		Advertising Expense					ide of Texas. Com , officeholder living					
						Radio Advert			expense				
								0					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Dffice soug	ht		Office he	eld				
	Date		Payee name										
	02/14/2024		Escobosa, Bernardo										
	Amount (\$)		Payee address; City;	State:	Zip Co	le							
	\$1,000.00		209 W Tarrant										
	+_,												
			Cumby, TX 75433										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed Salaries/Wages/Contract		edule)			ide of Texas. Com					
						Canvassing	ι, TΧ,	, officeholder living	expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Dffice soug	ht		Office he	eld				
	Date		Payee name										
	02/20/2024		Escobosa, Bernardo										
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le							
	\$857.14		209 W Tarrant										
			Cumby, TX 75433										
	PURPOSE OF	(a)	Category (See Categories listed		edule)	(b) Description							
	EXPENDITURE		Salaries/Wages/Contract	Labor				ide of Texas. Com , officeholder living					
						Canvassing							
						-							
	Complete ONLY if direct		andidate/Officeholder name	C	Dffice soug	ht		Office he	ld				
	expenditure to benefit C/OF	Н			_								
-													

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		The Instruction Guide explains how to complete this form.							Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILER NAME 3							Filer ID	(Ethics Commission Filers)			
	Sch: 16/43 Rpt: 28/55		Money, Brent A.	(Mr.)						00087716			
4		5	Payee name										
	02/05/2024		Express Signs										
6		7	Payee address;	City;	State;	Zip Co	de						
	\$6,690.00		8000 Traders Ci	cle									
			Greenville, TX 75402										
8	PURPOSE	(a)	Category (See Cate	gories listed at the top of	f this sche	edule)	(b)	Description					
	OF EXPENDITURE		Advertising Expe	ense						de of Texas. Com	•		
	-							Signs	, TX,	officeholder living	expense		
								Sigiis					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officehol	der name	0)ffice souç	ght			Office he	eld		
	Date		Payee name										
	01/26/2024		Facebook, Inc.										
Amount (\$) Payee address; City; State; Zip Code													
	\$100.00 1 Hacker Way												
			Menlo Park, CA	94025									
	PURPOSE OF EXPENDITURE		Category (See Cate Advertising Expe		f this sche	edule)	(b)	Description Check if travel of	outsic	de of Texas. Com	plete Schedule T.		
								Digital Advert		officeholder living	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehol	der name	0	office sou	ght	Office held					
	Date		Payee name										
	01/26/2024		Facebook, Inc.										
	Amount (\$)		Payee address;	City;	State;	Zip Co	de						
	\$100.00		1 Hacker Way										
			Menlo Park, CA	94025									
	PURPOSE OF		Category (See Cate Advertising Expe		f this sche	edule)	(b)	Description Check if travel of	outsic	de of Texas. Com	plete Schedule T.		
	EXPENDITURE			1156					, TX,	officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehol	der name	0)ffice sou	ght			Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Rental Expense Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	e	
1	Total pages Schedule F1:	2	ILER NAME						3	Filer ID	(Ethics Commission Fil	lers)	
	Sch: 17/43 Rpt: 29/55		Money, Brent /	A. (Mr.)						00087716			
4	Date 01/26/2024		⊃ayee name =acebook, Inc.										
			Payee address;	City;	Otata	Zip Co	-1 -						
6	Amount (\$) \$100.00		1 Hacker Way Menlo Park, CA 94025										
_	DUDDOCE						<u>(h)</u>						
8	PURPOSE OF EXPENDITURE												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	ght			Office he	ld		
	Date	l I	Payee name										
	01/26/2024	1	Facebook, Inc.										
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de						
	\$100.00		1 Hacker Way Menlo Park, C	A 94025									
	PURPOSE OF EXPENDITURE		Category _{(See C} Advertising Ex		ne top of this sch	edule)	[, тх,	de of Texas. Comp officeholder living I G			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	ght			Office he	ld		
⊢	Date		Payee name										
	01/29/2024		Facebook, Inc.										
	Amount (\$) \$100.00		^D ayee address; 1 Hacker Way	City;	State;	; Zip Coo	de						
		1	Menlo Park, C	A 94025									
	PURPOSE OF EXPENDITURE		Category _{(See C} Advertising Ex		ne top of this sch	edule)	[, TX,	de of Texas. Comp officeholder living I G			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Dffice sou	ght			Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 18/43 Rpt: 30/55		Money, Bren	t A. (Mr.)						00087716		
4	Date	5	Payee name									
	01/29/2024		Facebook, Ir	IC.								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$100.00		1 Hacker Wa	ıy								
		Menlo Park, CA 94025										
8	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sch	edule)	(b) [Description				
	OF EXPENDITURE		Advertising E			,	[outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE						Į			officeholder living	expense	
							[Digital Advert	tisir	ıg		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	01/29/2024		Facebook, Ir	IC.								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$100.00 1 Hacker Way											
				-								
			Menlo Park,	CA 94025								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sch	edule)	(b) [Description				
	OF EXPENDITURE		Advertising E			,	[Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE						[officeholder living	expense	
							[Digital Advert	tisir	ng		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	01/29/2024		Facebook, Ir	IC.								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$100.00		1 Hacker Wa	ıy								
			Menlo Park,	CA 94025								
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	edule)	(b) [Description				
	OF EXPENDITURE		Advertising E	Expense			[de of Texas. Com		
							Ļ			officeholder living	expense	
							ĺ	Digital Advert	usir	ıy		
	Operation of the Vite "	L			-	D.45 -				or: :	14	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	enolder name	C	Office sou	ght			Office he	la	

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 19/43 Rpt: 31/55		Money, Brei	nt A. (Mr.)					00087716				
4	Date	5	Payee name					I					
	01/29/2024		Facebook, I	nc.									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de						
	\$100.00		1 Hacker W	ay									
		Menlo Park, CA 94025											
8	PURPOSE	<u> </u>					(b) Description						
	OF		Advertising		at the top of this sch	edule)		outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE		, avertioning				Check if Austin	, TX,	officeholder living) expense			
							Digital Adver	tisir	ng				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght		Office he	eld			
	Date		Payee name										
	01/29/2024		Facebook, I	nc.									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de						
	\$100.00 1 Hacker Way												
			Menlo Park,	CA 94025									
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Advertising						de of Texas. Com				
									, officeholder living) expense			
							Digital Adver	tisir	ng				
	Complete ONIL V if direct		andidate/Offi	abaldar nama			~h+		Office by				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	Ĺ	Office sou	Jur		Office he	eiu			
_		1											
	Date 01/29/2024	I	Payee name	20									
			Facebook, I										
	Amount (\$)		Payee addres		State;	Zip Co	de						
	\$100.00		1 Hacker W	ay									
			Menlo Park,	CA 94025									
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Advertising				Check if travel		de of Texas. Com				
									officeholder living	j expense			
							Digital Adver	tisir	ng				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	gnt		Office he	9IQ			

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)			
	Sch: 20/43 Rpt: 32/55	Money, Bre						00087716	· · ·			
4	Date 01/29/2024	Payee name Facebook, I	nc.									
6	Amount (\$) \$100.00	 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 										
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offi	ceholder name	Offic	ce sougl	it		Office he	eld			
	Date	Payee name										
	01/29/2024	Facebook, I	nc.									
	Amount (\$) \$100.00	Payee addres 1 Hacker W Menlo Park,	ay	State; Z	Zip Cod	3						
	PURPOSE OF EXPENDITURE	Category _{(Se} Advertising	e Categories listed at the to Expense	p of this schedul	le) (l		ı, TX,	de of Texas. Comp officeholder living NG				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offi	ceholder name	Offic	ce sougl	it		Office he	eld			
	Date 01/29/2024	Payee name Facebook, I	nc.									
	Amount (\$) \$100.00	Payee addres 1 Hacker W		State; Z	Zip Cod	2						
		Menlo Park,										
	PURPOSE OF EXPENDITURE	Category _{(Se} Advertising	e Categories listed at the to Expense	p of this schedul	le) (I		ı, TX,	de of Texas. Com officeholder living 1g				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offi	ceholder name	Offic	ce sougl	it		Office he	ld			

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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID (Ethics Commission Filers				
	Sch: 21/43 Rpt: 33/55		Money, Bre	nt A. (Mr.)						00087716				
4	Date	5	Payee name											
	01/29/2024		Facebook, I	nc.										
6	Amount (\$)	7	Payee address; City; State; Zip Code											
	\$100.00		1 Hacker Way											
			Menlo Park	CA 94025	5									
8	PURPOSE OF	(a)			sted at the top of this sch	nedule)	(b)	Description						
	EXPENDITURE		Advertising	Expense						de of Texas. Com officeholder living	•			
								Digital Advert		-	lexpense			
									1311	ig				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder na	me C	Office sou	ght			Office he	eld			
	Date		Payee name											
	01/29/2024		Facebook, I	nc.										
Amount (\$) Payee address; City; State; Zip Code														
	\$100.00 1 Hacker Way													
			Menlo Park	CA 94025	5									
	PURPOSE	(a)	Category (Se	e Categories lis	sted at the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Advertising								plete Schedule T.			
										officeholder living	expense			
								Digital Advert	lisin	ig				
	Complete ONIL V if direct		Candidate/Offi	a haldar na		Office cour	abt			Office he				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluale/Om	centituer na	me c	Office sou	ynt			Once ne	eiu			
		-												
	Date		Payee name	20										
	01/29/2024		Facebook, I											
	Amount (\$)		Payee addres		State	; Zip Co	de							
	\$100.00		1 Hacker W	ay										
			Menlo Park	CA 94025	5									
	PURPOSE	(a)	Category (Se	e Categories lis	sted at the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Advertising	Expense							plete Schedule T.			
								Digital Advert		officeholder living	expense			
								Digital Auven	uSII	'Y				
	Complete ONLY if direct	Ļ	Candidate/Offi	ceholder no	me (Office sou	aht			Office he	ald			
	expenditure to benefit C/OI			CHUIUEI IId			giit				Ju			
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EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						/Rental Expense e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 22/43 Rpt: 34/55		Money, Brei	nt A. (Mr.)						00087716			
4	Date	5	Payee name										
	01/29/2024		Facebook, I	nc.									
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$100.00		1 Hacker Way										
			Menlo Park,	CA 94025									
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Advertising		·	ŕ	ļ			de of Texas. Com			
										officeholder living	expense		
								Digital Advert	ISI	ig			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld		
_	Date		Payee name									-	
	01/29/2024		Facebook, I	nc									
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	Amount (\$)	1	Payee addres		State;	Zip Co	ue						
	\$100.00	\$100.00 1 Hacker Way											
			Menlo Park,	CA 94025									
	PURPOSE OF				at the top of this sch	edule)	(b)	Description					
	EXPENDITURE		Advertising	Expense						de of Texas. Com officeholder living			
							I	Digital Advert			expense		
										.9			
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	aht			Office he	ld	_	
	expenditure to benefit C/OI				-		9						
-	Date		Payee name									_	
	01/29/2024		Facebook, I	nc.									
	Amount (\$)		Payee addres		Stato [.]	Zip Co	do					_	
	\$100.00		1 Hacker W		State,		ue						
	\$100.00		I HACKEI W	ay									
			Menlo Park,	CA 94025									
	PURPOSE OF				at the top of this sch	edule)	(b)	Description					
	EXPENDITURE		Advertising	Expense						de of Texas. Com			
							ļ	Digital Advert		officeholder living	expense		
										' บ			
	Complete ONLY if direct	<u></u>	Candidate/Offi	ceholder name	ſ	Office sou	aht			Office he	ld		
	expenditure to benefit C/Oł									Child III			
-													

EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense					rhead bense pense ages/	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	2 FILER NAME 3							Filer ID	(Ethics Commission Filers)		
	Sch: 23/43 Rpt: 35/55		Money, Brei	nt A. (Mr.)						00087716			
4	Date	5	Payee name										
	01/29/2024		Facebook, I	nc.									
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$100.00		1 Hacker Way										
			Menlo Park,	CA 94025									
8	PURPOSE	(a)	Category (se	e Categories listed	at the top of this sch	edule)	(b)	Description					
	OF		Advertising			euule)) I		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		0				ĺ	Check if Austin,	, TX,	officeholder living	expense		
								Digital Advert	tisir	ng			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	С	Office sou	ght			Office he	ld		
	Date		Payee name										
	01/29/2024		Facebook, I	nc.									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de						
	\$100.00 1 Hacker Way												
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			Menlo Park,	CA 94025									
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Advertising		·	ŕ		Check if travel of	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITORE									officeholder living	expense		
								Digital Advert	tisir	ıg			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name										
	01/29/2024		Facebook, I	nc.									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de						
	\$100.00		1 Hacker W	ay									
			Menlo Park,	CA 94025									
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Advertising				l			de of Texas. Com			
	LAFENDITORE									officeholder living	expense		
								Digital Advert	lisir	ıg			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	ceholder name	C	Office sou	ght			Office he	eld.		
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EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expen By - Gift/Awards/Memorials Expense Printing Expe			pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME						Filer ID	(Ethics Commission Filers)	
	Sch: 24/43 Rpt: 36/55	M	loney, Brent A. (Mr.)					00087716		
4	Date 01/29/2024		Payee name Facebook, Inc.							
6	Amount (\$) \$100.00	1	Payee address; City; . Hacker Way Menlo Park, CA 94025		Zip Co	le				
8	PURPOSE OF EXPENDITURE	Advertising Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Indidate/Officeholder nar	ne C	Office sou	ıht		Office he	ld	
	Date	F	ayee name							
	01/29/2024	F	acebook, Inc.							
	Amount (\$) \$100.00	1	Yayee address; City; . Hacker Way		Zip Co	le				
	PURPOSE OF EXPENDITURE	(a) (Menlo Park, CA 94025 Category _{(See Categories lis} Advertising Expense		edule)		ı, ТХ,	de of Texas. Comp officeholder living N G		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nar	ne C	Office sou	Iht		Office he	ld	
	Date	F	ayee name							
	01/29/2024	F	acebook, Inc.							
	Amount (\$) \$100.00		Payee address; City; Hacker Way	State;	Zip Co	le				
		N	/lenlo Park, CA 94025							
	PURPOSE OF EXPENDITURE		Category (See Categories lis Advertising Expense	ted at the top of this sche	edule)		ı, ТХ,	de of Texas. Comp officeholder living NG		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder nar	ne C	Dffice sou	ıht		Office he	ld	

				EXPENDITU	RE CATEGOF	RIES FOR	BO	(8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gi nmittee Le	rent Expense ses od/Beverage Expe ft/Awards/Memorial gal Services he Instruction C	s Expense	Office Over Polling Exp Printing Ex Salaries/W	rhead/F bense pense ages/C	Reimbursement Rental Expense Contract Labor e this form.		Travel in District Travel Out of Dis	quipment & Related Expense	e
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 25/43 Rpt: 37/55		Money, Brent	A. (Mr.)						00087716		
4	Date	5	Payee name									
	01/29/2024		Facebook, Inc) .								
6	Amount (\$)	7	Payee address	; City;	State;	Zip Co	de					
	\$100.00		1 Hacker Way	/								
			Menlo Park, C	CA 94025								
8	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	edule)	(b) [Description				
	OF EXPENDITURE		Advertising E				Ē			de of Texas. Com		
		Check if Austin, TX, officeholder living expense								expense		
		Digital Adventising										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Office	holder name	C	Dffice sou	ght			Office he	ld	
	Date		Payee name									
	01/29/2024		Facebook, Inc									
	Amount (\$)		Payee address		State:	Zip Co	de					
	\$100.00	1	1 Hacker Way		Olule,	210 000	uc					
	φ100.00		I Hacker way									
			Menlo Park, (CA 94025								
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sche	edule)	(b) [Description				
	OF EXPENDITURE		Advertising E	xpense			Ę			de of Texas. Com		
							L			officeholder living	expense	
						Digital Advertising						
	Complete ONLY if direct		andidate/Office	holder name		Office sou	nht			Office he	ld	
	expenditure to benefit C/OI						Js					
-	Date		Payee name									
	01/29/2024		Facebook, Inc	2.								
	Amount (\$)		Payee address		Stato:	Zip Co	do					
	\$100.00		1 Hacker Way		Sidle,		ue					
	\$100.00		I HACKET WAY	/								
			Menlo Park, (CA 94025								
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sche	edule)	(b) [Description				
	OF EXPENDITURE		Advertising E	xpense			Ę			de of Texas. Com		
							L	Digital Advert		officeholder living	expense	
							L	Jigital Auvell	.1311	'9		
_	Complete ONLY if direct		andidate/Office	holder name	r	Office soug	thr			Office he	ld	
	expenditure to benefit C/OI			noider name	C	2.1100 3004						
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Offic Polli bense Print Sala	e Overh ng Expe ing Exp ries/Wa	ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 26/43 Rpt: 38/55		v, Brent A. (Mr.)					00087716		
4	Date 01/29/2024	Payee Faceb	name ook, Inc.							
6	Amount (\$) \$100.00	1 Hacl	address; City; ker Way Park, CA 94025	State; Zip	Cod	2				
8	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to ising Expense	op of this schedule)	(1		ı, TX	ide of Texas. Comp , officeholder living NG		
9	Complete ONLY if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Office	sougł	it		Office he	ld	
	Date	Payee	name							
	01/29/2024	Faceb	ook, Inc.							
	Amount (\$) \$100.00		address; City; ker Way	State; Zip	Code	2				
	PURPOSE OF EXPENDITURE	a) Catego	Park, CA 94025 TY (See Categories listed at the to ising Expense	op of this schedule)	(1		ı, TX	ide of Texas. Comp , officeholder living NG		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Office	sough	ıt		Office he	ld	
	Date	Payee	name					-		
	01/29/2024	Faceb	ook, Inc.							
	Amount (\$) \$100.00	-	address; City; ker Way	State; Zip	Code	2				
		Menlo	Park, CA 94025							
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to ising Expense	op of this schedule)	(1		ı, TX	ide of Texas. Comp , officeholder living 1g		
	Complete ONLY if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Office	sougl	it		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	oense Office Over als Expense Polling Expense Printing E	, xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 27/43 Rpt: 39/55	loney, Brent A. (Mr.)			00087716						
4	Date 01/29/2024	ayee name acebook, Inc.									
6	Amount (\$) \$100.00	ayee address; City; Hacker Way	State; Zip Co	de							
		lenlo Park, CA 94025									
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed dvertising Expense	at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense tising						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held						
	Date	ayee name									
	01/29/2024	acebook, Inc.									
	Amount (\$) \$100.00	ayee address; City; Hacker Way	State; Zip Co	de							
		lenlo Park, CA 94025									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed dvertising Expense	at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense tising						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held						
	Date	ayee name									
	01/29/2024	acebook, Inc.									
	Amount (\$) \$100.00	ayee address; City; Hacker Way	State; Zip Co	de							
		lenlo Park, CA 94025									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed dvertising Expense	at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense tising						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held						

			E	XPENDITURE	CATEGOF	RIES FOR	BO	K 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/A mittee Lega	t Expense /Beverage Expense wards/Memorials Exp Services Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	rhead/f bense pense ages/C	Reimbursement Rental Expense Contract Labor e this form.		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 28/43 Rpt: 40/55		Money, Brent A	. (Mr.)						00087716	
4	Date	5	Payee name								
	01/29/2024		Facebook, Inc.								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				
	\$100.00		1 Hacker Way								
			Menlo Park, CA	94025							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		Advertising Exp	ense			Ē			de of Texas. Com	
	-	Check if Austin, TX, officeholder living expense Digital Advertising								expense	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeho	older name	C	Dffice sou	ght			Office he	eld
	Date		Payee name								
	01/30/2024		Facebook, Inc.								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de				
	\$250.00		1 Hacker Way								
			Menlo Park, CA	94025							
	PURPOSE OF EXPENDITURE		Category _{(See Cat} Advertising Exp		op of this sche	edule)			, TX,	de of Texas. Comp officeholder living I G	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeho	lder name	C	Dffice sou	ght			Office he	ld
-	Date	1	Payee name								
	01/30/2024	1	Facebook, Inc.								
	Amount (\$)		Payee address;	City;	State:	Zip Co	do				
	\$500.00		1 Hacker Way	Oity,	Olule,	210 000	ac				
	4000.00										
			Menlo Park, CA	94025		i					
	PURPOSE OF						le) (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE		Advertising Exp	ense					, TX,	officeholder living	
	Complete ONLY if direct		andidate/Officeho	lder name	С	Office sou	ght			Office he	ld
	expenditure to benefit C/Oł	н									

	EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift mittee Leg	nt Expense s d/Beverage Expense Awards/Memorials Ex al Services e Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 29/43 Rpt: 41/55	I	Money, Brent A	A. (Mr.)					00087716	``````````````````````````````````````	
4	Date 01/30/2024		Payee name Facebook, Inc.								
6	Amount (\$) \$500.00	:	Payee address; 1 Hacker Way Menlo Park, C/	City; A 94025	State;	Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category _{(See C} , Advertising Ex		top of this sch	edule)		n, TX,	ide of Texas. Com , officeholder living 1 g		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	ght		Office he	eld	
	Date		Payee name								
	01/30/2024	1	Facebook, Inc.								
	Amount (\$) \$500.00		Payee address; 1 Hacker Way Menlo Park, C/	City; A 94025	State;	Zip Co	de				
	PURPOSE OF EXPENDITURE		Category _{(See C} Advertising Ex		top of this sch	edule)		n, TX,	ide of Texas. Com , officeholder living 1g		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	ght		Office he	eld	
	Date 01/30/2024		Payee name Facebook, Inc.								
	Amount (\$) \$400.00		Payee address; 1 Hacker Way	City;	State;	Zip Co	de				
			Menlo Park, C	A 94025							
	PURPOSE OF EXPENDITURE		Category _{(See C} . Advertising Ex		top of this sch	edule)		n, TX,	ide of Texas. Com , officeholder living 1g		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Dffice sou	ght		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/E Gift/Av nittee Legal S	Expense Beverage Expense vards/Memorials Expense Services nstruction Guide ex	Offic Pollin Print Sala	e Overh ng Expe ing Exp ries/Wa	ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
	Sch: 30/43 Rpt: 42/55	I	Money, Brent A.	(Mr.)					00087716	``````````````````````````````````````	
4	Date 01/30/2024		Payee name Facebook, Inc.								
6	Amount (\$) \$500.00	:	Payee address; L Hacker Way Menlo Park, CA	City; 94025	State; Zip	O Cod	9				
8	PURPOSE OF EXPENDITURE		Category _{(See Cate} Advertising Expe	gories listed at the top of	this schedule)	(ı, TX,	de of Texas. Com officeholder living 1 g	•	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehol	der name	Office	soug	nt		Office he	eld	
	Date	I	Payee name								
	01/31/2024	1	acebook, Inc.								
	Amount (\$) \$501.19		Payee address; L Hacker Way Menlo Park, CA	City; 94025	State; Zip	Cod	9				
	PURPOSE OF EXPENDITURE		Category _{(See Cate} Advertising Expe	gories listed at the top of	this schedule)	(ı, TX,	de of Texas. Com officeholder living N G		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehol	der name	Office	soug	nt		Office he	eld	
	Date 01/31/2024		Payee name Facebook, Inc.								
	Amount (\$) \$500.00		Payee address; L Hacker Way	City;	State; Zip	Cod	5				
			Menlo Park, CA	94025							
	PURPOSE OF EXPENDITURE		Category _{(See Cate} Advertising Expe	gories listed at the top of PISE	this schedule)	(ı, TX,	de of Texas. Com officeholder living NG		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehol	der name	Office	soug	nt		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement werhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME	3	Filer ID (Ethics Commission Filers)							
	Sch: 31/43 Rpt: 43/55	loney, Brent A. (Mr.)	-	00087716							
4	Date 01/31/2024	ayee name acebook, Inc.									
6	Amount (\$) \$500.00	ayee address; City; State; Zip (Hacker Way 1enlo Park, CA 94025	Code								
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) dvertising Expense		tside of Texas. Complete Schedule T. X, officeholder living expense ing							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	pught	Office held							
	Date	ayee name									
	02/13/2024	acebook, Inc.									
	Amount (\$) \$500.00	ayee address; City; State; Zip C Hacker Way 1enlo Park, CA 94025	Code								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) dvertising Expense		tside of Texas. Complete Schedule T. X, officeholder living expense ing							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	pught	Office held							
	Date	ayee name									
	02/14/2024	acebook, Inc.									
	Amount (\$) \$33.40	ayee address; City; State; Zip C Hacker Way	Code								
		lenlo Park, CA 94025	1								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) dvertising Expense		tside of Texas. Complete Schedule T. X, officeholder living expense ing							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	pught	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Service	ge Expense ⁄Iemorials Expense	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	se s/Contract Labor		Transportation E Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)			
	Sch: 32/43 Rpt: 44/55		Money, Bre	nt A. (Mr.)					00087716				
4	Date	5	Payee name											
	02/15/2024		Facebook,	Inc.										
6	Amount (\$)	7	Payee addre		y; Stat	e; Zip Co	ode							
	\$500.00		1 Hacker W	/ay										
			Menlo Park	, CA 9402	25									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description												
	OF EXPENDITURE	Advertising Expense												
		Check if Austin, TX, officeholder living exper							j expense					
								Digital Adver	gital Advertising					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder n	ame	Office sou	l Ight			Office he	eld			
	Date		Payee name											
	02/20/2024		Facebook,	Inc.										
	Amount (\$)		Payee addre	ss; Cit	y; Stat	e; Zip Co	ode							
	\$500.00		1 Hacker W	/ay										
			Menlo Park	, CA 9402	25									
	PURPOSE OF EXPENDITURE		Category _{(S} Advertising		listed at the top of this s	chedule)	(b)		, TX,	officeholder living	plete Schedule T. J expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ceholder n	ame	Office sou	ight			Office he	eld			
	Date	1	Payee name									-		
	02/20/2024		Facebook,	Inc.										
	Amount (\$)		Payee addre		v: Stat	e; Zip Co	aha					_		
	\$500.00		1 Hacker W		y, Ota	.c, 2ip 00	Juc							
			Menlo Park	, CA 9402	25									
	PURPOSE OF EXPENDITURE		Category _{(S} Advertising		listed at the top of this s	chedule)	(b)		, TX,	officeholder living	plete Schedule T. J expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	ceholder n	ame	Office sou	ight			Office he	eld			

				EXPE	NDITURE CATE	GORIES FO	R BC	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/ Legal Servic	age Expense Memorials Expense	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 33/43 Rpt: 45/55		Money, Bre	ent A. (Mr	.)					00087716	
4	Date	5	Payee name	2							
	02/20/2024		Facebook,								
6	Amount (\$)	7	Payee addre	ess: Ci	ty; St	ate; Zip Co	ode				
-	\$500.00		1 Hacker V		.,	,p = .					
		Menlo Park, CA 94025									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
ľ	OF	(a)				s schedule)	(0)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T								expense	
		Digital Advertising									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder r	name	Office sou	ught			Office he	eld
	Date		Payee name	9							
	02/20/2024		Facebook,	Inc.							
	Amount (\$)		Payee addre	ess; Ci	ty; St	ate; Zip Co	ode				
	\$500.00		1 Hacker V	Vay							
			Menlo Parl	k, CA 940	25						
	PURPOSE OF EXPENDITURE	(a)	Category (s Advertising		s listed at the top of this	s schedule)	(b)		I, TX,	de of Texas. Com officeholder living 1g	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Of	ficeholder r	name	Office sou	l ught			Office he	eld
⊨	Date		Payee name	<u>.</u>							
	02/20/2024		Facebook,								
	Amount (\$)		Payee addre	ess: Ci	ty; St	ate; Zip Co	ode				
	\$500.00		1 Hacker V		.,	, шр өч	000				
	+000.00										
			Menlo Parl								
	PURPOSE OF	(a)			s listed at the top of this	s schedule)	(b)	Description	0	do of Toylor, Or	nlata Sahadula T
	EXPENDITURE		Advertising	Expense)				I, TX,	de of Texas. Com officeholder living 19	
-	Complete ONLY if direct	L(Candidate/Of	ficeholder r	name	Office sou	l Jght			Office he	eld
	expenditure to benefit C/OI				-		5.5				
-											

				EXPENDIT	URE CATEGOR	RIES FOR	BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage E) Gift/Awards/Memo Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	rhead/ bense pense 'ages/0	Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	S)
	Sch: 34/43 Rpt: 46/55		Money, Bre	nt A. (Mr.)						00087716		
4	Date	5	Payee name									
	02/20/2024		Facebook, I	nc.								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$500.00		1 Hacker W	ay								
			Menlo Park	, CA 94025								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE		Advertising			,	Į			de of Texas. Com		
		Digital Advertising								expense		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	e C	Dffice sou	ght			Office he	ld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/21/2024		Facebook, I	nc.								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$500.00		1 Hacker W	ay								
			Menlo Park	, CA 94025								
	PURPOSE OF	(a)	Category (Se	ee Categories listed	d at the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense			ļ			de of Texas. Com officeholder living		
							L	Digital Advert			expense	
							-					
	Complete ONLY if direct		Candidate/Offi	ceholder name	e C	Office sou	ght			Office he	ld	
	expenditure to benefit C/OI	Н					-					
	Date		Payee name									
	02/22/2024		Facebook, I	nc.								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$500.00		1 Hacker W									
				-								
			Menlo Park	, CA 94025								
	PURPOSE	(a)	Category (Se	ee Categories lister	d at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense			Į			de of Texas. Com		
							L			officeholder living	expense	
							I	Digital Advert	1311	ıЯ		
-	Complete ONLY if direct		Candidate/Offi	ceholder name	<u>,</u> (Office sou	aht			Office he	ld	
	expenditure to benefit C/Oł					21100 3000				Child He	<i></i>	

	EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/ ittee Lega	t Expense //Beverage Expense wards/Memorials E I Services Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e 'Contract Labor		Transportation E Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 35/43 Rpt: 47/55		loney, Brent A	(Mr.)						00087716		-
4	Date 02/22/2024		ayee name acebook, Inc.									
6	Amount (\$)		ayee address;	City;	Stato:	Zip Co						
0	\$500.00	1	Hacker Way		Sidle,	, Ζιρ Ου	ue					
		Menlo Park, CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) Description										
8	PURPOSE OF EXPENDITURE		ategory _{(See Ca} dvertising Exp		e top of this sch	edule)			, TX,	officeholder living	plete Schedule T. I expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeh	older name	C	Office sou	ght			Office he	eld	
	Date	Р	ayee name									
	02/23/2024	F	acebook, Inc.									
	Amount (\$)	P	ayee address;	City;	State;	Zip Co	de					
	\$500.00		Hacker Way Ienlo Park, CA	94025								
	PURPOSE OF EXPENDITURE		ategory _{(See Ca} dvertising Exp		e top of this sch	edule)			, TX,	officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeh	older name	C	Office sou	ght			Office he	eld	
	Date	Р	ayee name									
	02/02/2024		ioogle									
	Amount (\$) \$23.03		ayee address; 600 Amphithe	City; eatre Pkwy	State;	Zip Co	de					
		N	Iountain View	CA 94043								
	PURPOSE OF EXPENDITURE		ategory _{(See Ca} dvertising Exp		e top of this sch	edule)			, TX,	officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeh	older name	C	Dffice sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Git nmittee Le	ent Expense es od/Beverage Expens t/Awards/Memorials gal Services ne Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	/Rental Expense e Contract Labor		Transportation E Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)			
	Sch: 36/43 Rpt: 48/55		Money, Brent	A. (Mr.)						00087716				
4	Date	5	Payee name											
	01/26/2024		Google											
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de							
	\$608.00		1600 Amphith	neatre Pkwy										
			Mountain Viev	v, CA 94043										
8	PURPOSE OF		Category (See 0		e top of this sch	edule)	(b)	Description						
	EXPENDITURE	Advertising Expense								•				
								Digital Advert			expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	holder name	C)ffice sou	ght			Office he	eld			
	Date		Payee name											
	01/26/2024		Google											
	Amount (\$)		Payee address;	City;	State;	Zip Co	de							
	\$500.00		1600 Amphith	neatre Pkwy										
			Mountain Viev	-										
	PURPOSE OF EXPENDITURE		Category (See C Advertising Ex		e top of this sch	edule)			, TX,	officeholder living	plete Schedule T. I expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Office	holder name	С) Office sou	ght			Office he	eld			
-	Date	Γ	Payee name											
	01/29/2024		Google											
	Amount (\$)		Payee address;	City;	State:	Zip Co	de							
	\$500.00		1600 Amphith	-	State,	210 000	uc							
			Mountain Viev											
	PURPOSE OF EXPENDITURE		Category (See C Advertising E)		ne top of this sch	edule)			, TX,	officeholder living	plete Schedule T. I expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Office	holder name	C	Office sou	ght			Office he	eld			

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 37/43 Rpt: 49/55		Money, Bre							00087716	
4	Date 01/29/2024		Payee name Google								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$500.00			hitheatre Pkwy							
			Mountain V	iew, CA 94043	3						
8	PURPOSE OF EXPENDITURE		 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising 							•	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	01/30/2024		Google								
	Amount (\$) \$500.00		·	ss; City; nitheatre Pkwy iew, CA 94043	,	; Zip Co	de				
	PURPOSE OF EXPENDITURE		Category _{(Si} Advertising	ee Categories listed a Expense	at the top of this sch	edule)			, TX,	officeholder living	plete Schedule T. j expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Dffice sou	ght			Office he	eld
╞	Date	<u> </u>	Payee name								
	01/31/2024		Google								
	Amount (\$) \$500.00		Payee addre 1600 Ampł	ss; City; hitheatre Pkwy		; Zip Co	de				
			Mountain V	iew, CA 94043	3						
	PURPOSE OF EXPENDITURE		Category _{(S} Advertising	ee Categories listed a Expense	at the top of this sch	edule)			, TX,	officeholder living	plete Schedule T. J expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(Dffice sou	ght			Office he	əld

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 38/43 Rpt: 50/55		Money, Bre	nt A. (Mr.)					00087716		
4	Date 02/02/2024		Payee name Google									
6	Amount (\$)	<u> </u>	Payee addres	es: Cit	v: St	ate: 7in Co	aha					
Ū	\$193.53		 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 									
8	PURPOSE	(a)	Category vo		11-4-1 -4 4h - 4 6 4h - 1		(b)	Description				
0	OF EXPENDITURE	Advertising Expanse										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder r	ame	Office sou	ıght			Office he	eld	
	Date		Payee name									
	02/20/2024		Ingram, Chr	istopher								
	Amount (\$)		Payee addres	s; Cit	y; St	ate; Zip Co	ode					
	\$1,142.86		323 Jamie V Greenville,	-	2							
	PURPOSE OF EXPENDITURE		Category _{(Se} Salaries/Wa		listed at the top of this tract Labor	s schedule)	(b)			de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder r	ame	Office sou	ught			Office he	eld	
	Date		Payee name									
	02/13/2024		Johnson, Jo	n								
	Amount (\$) \$1,000.00		Payee addres 210 West M		y; St	ate; Zip Co	ode					
			Cumby, TX	75433			_					
	PURPOSE OF EXPENDITURE		Category _{(Se} Salaries/Wa		listed at the top of this tract Labor	s schedule)	(b)			de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder r	ame	Office sou	ught			Office he	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)														
		Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Reintal Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethic	s Commission Filers)		
	Sch: 39/43 Rpt: 51/55	M	oney, Brent A.	(Mr.)						00087716				
4	Date	5 Pa	iyee name											
	02/20/2024		hnson, Jon											
6	Amount (\$)	7 Pa	yee address;	City;	State;	Zip Co	de							
	\$1,000.00		.0 West Main S											
		Cı	umby, TX 7543	3										
8	PURPOSE OF		ategory (See Cate			edule)	(b)	Description						
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officehol	der name	C)ffice souç	ght			Office he	eld			
	Date	Pa	iyee name											
	02/13/2024	KI	aus, Joshua											
	Amount (\$)	Pa	yee address;	City;	State;	Zip Co	de							
	\$1,000.00	30	60 CR 2182											
		Gi	reenville, TX 7	5402										
	PURPOSE OF EXPENDITURE		ategory _{(See Cate} alaries/Wages/			edule)	[de of Texas. Com officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF		ididate/Officehol	der name	C	Diffice sou	ght			Office he	eld			
	Date	Pa	iyee name		_									
	02/20/2024		aus, Joshua											
	Amount (\$)	Pa	yee address;	City;	State;	Zip Co	de							
	\$1,000.00	30	060 CR 2182											
		Gi	reenville, TX 7	5402										
	PURPOSE OF EXPENDITURE		ategory _{(See Cate} alaries/Wages/	- '		edule)	[le of Texas. Com officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officehol	der name	C)ffice souç	ght			Office he	eld			

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 40/43 Rpt: 52/55	Money, Brent A. (Mr.)	00087716							
4	Date 02/01/2024	Payee name Latsons.com								
6	Amount (\$)	Payee address; City; State; Zip Code								
-	\$1,059.14	1105 Main St. Commerce, TX 75428								
	DUDDOCE									
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Palm Cards 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/06/2024	Latsons.com								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$445.97	1105 Main St. Commerce, TX 75428								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/21/2024	Medina, Raul								
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 7608 S Ballantrae Drive								
		McKinney, TX 75072								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense e							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission	Filers)
	Sch: 41/43 Rpt: 53/55		Money, Bre	ent A. (Mr.)						00087716		
4	Date	5	Payee name	1								
	02/12/2024		Piney Woo	ds Consulting								
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	le					
	\$4,707.16		544 County	/ Road 3324								
			Greenville,	TX 75402								
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b) Descrip	tion				
	OF EXPENDITURE		Advertising			,	Chec	k if travel (de of Texas. Com		
										officeholder living	j expense	
							Digital	Auven	usir	ig		
٩	Complete ONLY if direct		`andidate/∩ff	iceholder name		Office sou	ht			Office he	2ld	
Ĺ	expenditure to benefit C/O		candidate/On							Onice in	514	
	Date		Payee name	,								
	02/20/2024		Remington	Research Group)							
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	le					
	\$3,478.72		800 West 4	7th Street								
			Suite 200									
			Kansas Cc	ity, MO 65112								
	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b) Descrip	tion				
	OF EXPENDITURE		Advertising	Expense						de of Texas. Com		
							Direct			officeholder living	Jexpense	
							Direct	Voter v	001	ildot		
	Complete ONLY if direct		Candidate/Off	iceholder name		Office sour	ht			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/06/2024		Rogers, Br	ett								
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	le					
	\$1,000.00		4514 Edinb	ourgh Drive								
			Tyler, TX 7	5703								
	PURPOSE OF	(a)		see Categories listed at th	e top of this sch	edule)	(b) Descrip					
	EXPENDITURE		Consulting	Expense						de of Texas. Com officeholder living	plete Schedule T.	
							GOTV		, 17,	oncendider inving	Texpense	
-	Complete ONLY if direct	L(Candidate/Off	iceholder name	C	Office sou	ht			Office he	eld	
	expenditure to benefit C/OI	Н				·						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Tod/Rental Expense Food/Beverage Expense Polling Expense Tod/Rental Expense Gift/Awards/Memorials Expense Printing Expense Tod/Rental Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 42/43 Rpt: 54/55		loney, Brent A. (N	۸r.)				00087716	· · · · ·		
4	Date 02/06/2024		5 Payee name Simply Rentals								
6	Amount (\$) \$2,296.75	7	Payee address; City; State; Zip Code 7902 Traders Circle Greenville, TX 75402								
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense									
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								ld		
	Date	Р	ayee name								
	01/31/2024	Т	aMolly's Mexican	Restaurant							
	Amount (\$) \$693.55		ayee address; 0 929 I-30	City; State;	Zip Coo	e					
		Ģ	Greenville, TX 754	02							
	PURPOSE OF EXPENDITURE		ategory _{(See Categor} vent Expense	ies listed at the top of this sch	edule)			de of Texas. Comp , officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholde	r name C	Office soug	ht Office held					
	Date	Р	ayee name								
	02/13/2024		he Political Firm								
	Amount (\$) \$4,920.00	5 S	ayee address; 555 Hilton Avenu Guite 203 Gaton Rouge, LA 7	e	Zip Coo	e					
	PURPOSE OF EXPENDITURE		ategory (See Categor dvertising Expens	ies listed at the top of this sche SE	edule)		ı, ТХ,	de of Texas. Comp , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	r name C	Office soug	ht		Office he	ld		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	T :	· · · · ·
1	Total pages Schedule F1:	
	Sch: 43/43 Rpt: 55/55	Money, Brent A. (Mr.) 00087716
4	Date	5 Payee name
	02/06/2024	Vanguard Field Strategies
_		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,750.00	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	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Canvassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/31/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.55	7401 Interstate 30
	ψ125.55	
		Greenville, TX 75402
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	0
	Date	Payee name
	02/24/2024	WinRed Technical Services, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,227.25	1776 Wilson Blvd
		Suite 530
		Arlington, VA 22219
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this schedule)
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	