CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00088170		2 Total pages file 3	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	Mr.	Jeffrey J.				
NAME		beiney b.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
		Bauknight				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	P.O. Box 4122					
ADDRESS					Receipt #	Amount
Change of Address	Victoria, TX 77903					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Paul B.				
NAME	1011.	T dui D.				
	NICKNAME	LAST		SUFFIX		
		Holm				
6 CAMPAIGN	STREET ADDRESS (NC	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	120 South Main St.					
ADDITESS	Ste. 305					
(Residence or Business)	Victoria, TX 77901					
7 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
TREASURER	(361) 894-8717					
PHONE						
8 REPORT						
TYPE	January 15	30th day befor	re election	Runoff	15th day after can	npaign treasurer
					appointment (offic	
	July 15	X 8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
			_	reporting limit	-	
9 PERIOD	Month Day Ye	ear		Month Day	Year	
COVERED	01/26/2024	Т	HROUGH	02/24/2024	4	
10 ELECTION	ELECTION DAT	E		ELECTION TYPE		
	Month Day Ye	ear X	Primary	Runoff	Other	
	03/05/2024					
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 30	
	1			1		
			TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versi	on V3.5.1.9000c47

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 32

13 C / OH NAME	Bauknight, Jeffrey J.	(Mr.) 14	4 Filer ID (1 00088170	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	TEXAS ALLIANCE FOR LIFE PAC			
		COMMITTEE ADDRESS			
		8000 CENTRE PARK DRIVE			
		SUITE 380			
		AUSTIN, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		SHAW, JAMES			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		4505 CORAZON CV			
		ROUND ROCK, TX 78681			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN I ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		\$ 0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 326,588.32	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 243,067.50	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	\$ 142,254.01	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS O	F THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.	f perjury, that the acc nformation required to	ompanying report is be reported by me	
		Mr. Jeff	rey J. Bauknight		
		Signature of Ca	andidate or Officehold	ler	
AFFIX NO	TARY STAMP / SEAL AB	UVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath	
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.9000c47f	

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH

	& TOTALS			Page 3 of 32		
C / OH NAME	Bauknight, Jeffrey J.	(Mr.)	Filer ID 00088170	(Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political committees to been made without the candidate's or officeholder ed to report this information only if they receive not	s knowledge or o	consent. Candidates and		
	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	SECURE OUR BORDER NOW				
		COMMITTEE ADDRESS				
		PO BOX 341016				
		AUSTIN, TX 78734				
		COMMITTEE CAMPAIGN TREASURER NAME STEWART, KEVIN				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
		807 BRAZOS STREET				
		SUITE 401				
		AUSTIN, TX 78701				

SUBTOTALS - C/OH	CC	FORM C/OH OVER SHEET PG 3 4 of 32
18 FILER NAME Bauknight, Jeffrey J. (Mr.)	19 Filer ID 00088170	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 75,100.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 251,488.32
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 243,067.50
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	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/10 Rpt: 5/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bauknight, Jeffrey J. (Mr.) 00088170 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/21/2024 AIMONE, ROY (Dr.) \$100.00 6 Contributor address; City; State; Zip Code VICTORIA, TX 77904 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/12/2024 \$100.00 BARTON, SHERRY Contributor address; City; State; Zip Code BAY CITY, TX 77414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/30/2024 **BISHOP, LINDA** \$500.00 Contributor address; City; State; Zip Code VICTORIA, TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2024 \$1,000.00 DAVIS, MARY ANN Contributor address; City; State; Zip Code VICTORIA, TX 77902 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/05/2024 \$250.00 DENNARD, CRAYDEN Contributor address; City; State; Zip Code BAY CITY, TX 77414 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/10 Rpt: 6/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 00088170 Bauknight, Jeffrey J. (Mr.) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/12/2024 DICKERSON III, JOHN \$250.00 6 Contributor address; City; State; Zip Code BAY CITY, TX 77414 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2024 \$100.00 DROST, ROSE Contributor address; City; State; Zip Code VICTORIA, TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/21/2024 ERNST, H ELWOOD (Dr.) \$500.00 Contributor address; City; State; Zip Code VICTORIA, TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2024 \$250.00 FENNER, JAMES Contributor address; City; State; Zip Code HALLETTSVILEE, TX 77964 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2024 FRED SHANNON, LLC \$1,500.00 Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/10 Rpt: 7/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 00088170 Bauknight, Jeffrey J. (Mr.) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/30/2024 **G POST INVESTMENTS** \$250.00 6 Contributor address; City; State; Zip Code VICTORIA, TX 77902 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/12/2024 \$100.00 GARRISON, SABRINA Contributor address; City; State; Zip Code WADSWORTH, TX 77483 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor X out-of-state PAC (ID#: C00199257 Amount of Contribution (\$) Date 02/21/2024 **GENEN PAC** \$500.00 Contributor address; City; State; Zip Code SAN FRANCISCO, CA 94080 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/21/2024 \$100.00 HERMES, JOE Contributor address; City; State; Zip Code EDNA, TX 77957 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/12/2024 \$50.00 JONES III, O F Contributor address; City; State; Zip Code VICTORIA, TX 77901 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/10 Rpt: 8/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bauknight, Jeffrey J. (Mr.) 00088170 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/21/2024 LACK, JEFFREY \$500.00 6 Contributor address; City; State; Zip Code NASHVILLE, TN 37215 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/07/2024 \$500.00 LACK, LARA Contributor address; City; State; Zip Code HOUSTON, TX 77018 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/21/2024 LACK, MELVIN \$1,000.00 Contributor address; City; State; Zip Code VICTORIA, TX 77901 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/16/2024 \$250.00 LAMANTIA, SAMANTHA Contributor address; City; State; Zip Code AUSTIN, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/21/2024 \$50.00 MATTHYS, WILLIAM Contributor address; City; State; Zip Code CUERO, TX 77954 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/10 Rpt: 9/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bauknight, Jeffrey J. (Mr.) 00088170 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/23/2024 McCARTY, KEVIN \$100.00 6 Contributor address; City; State; Zip Code VICTORIA, TX 77901 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor 02/12/2024 PEDEN-LEWIS, JANET \$250.00 Contributor address; City; State; Zip Code BAY CITY, TX 77414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/12/2024 POZZI, WILLIAM \$100.00 Contributor address; City; State; Zip Code VICTORIA, TX 77905 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/12/2024 \$100.00 ROJAS M.D., PETER Contributor address; City; State; Zip Code VICTORIA, TX 77901 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/10/2024 \$500.00 RUSSELL, MATTHEW Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/10 Rpt: 10/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bauknight, Jeffrey J. (Mr.) 00088170 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/30/2024 SAGE, WILLIAM (Dr.) \$100.00 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/21/2024 \$100.00 SCOTT, JANIS Contributor address; City; State; Zip Code VICTORIA, TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/21/2024 SIMONS, DENNIS (Mrs.) \$50.00 Contributor address; City; State; Zip Code EDNA, TX 77957 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/06/2024 \$100.00 SMITH, TERRY Contributor address; City; State; Zip Code AUSTIN, TX 78732 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/12/2024 \$500.00 SNEARY, LOY Contributor address; City; State; Zip Code BAY CITY, TX 77414 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/10 Rpt: 11/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bauknight, Jeffrey J. (Mr.) 00088170 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/30/2024 SNEDDON, JAMES \$250.00 6 Contributor address; City; State; Zip Code VICTORIA, TX 77904 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/13/2024 TEXAN FOR LAWSUIT REFORM PAC \$50,000.00 Contributor address; City; State; Zip Code HOUSTON, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 02/12/2024 TEXAS BUILDING BRANCH AGC PAC \$1,000.00 Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/12/2024 \$500.00 TEXAS LEADS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78767 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 02/12/2024 \$1,000.00 TEXAS MANUFACTURED HOUSING ASSOCIATION, INC PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/10 Rpt: 12/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bauknight, Jeffrey J. (Mr.) 00088170 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/12/2024 TEXAS MEDICAL ASSOCIATION PAC \$2,500.00 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/21/2024 TEXAS MEDICAL ASSOCIATION PAC \$5,000.00 Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 02/21/2024 TEXAS MUNICIPAL POLICE ASSOCIATION PAC \$500.00 Contributor address; City; State; Zip Code AUSTIN, TX 78752 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2024 \$1,000.00 TEXAS PHARMACY BUSINESS COUNCIL Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 01/30/2024 TEXAS STATE ASSOCIATION OF FIRE FIGHTERS ACTION \$500.00 Contributor address; City; State; Zip Code AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

					_		
The I	Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 13/32	
2 FILER	NAME				3	Filer ID (Ethics Commissio	on Filers)
		effrey J. (Mr.)				00088170	,
4 Date		5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
02/22	2/2024	THOMPSON, CARLETON					\$100.00
		6 Contributor address; City; Sta	ate; Zip Code		1		
		VICTORIA, TX 77904					
8 Princip	pal occur	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		_
Date		Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	3/2024	TUREK, STEPHEN		/		Amount of Continuation (+)	\$1,000.00
02,00,	1202.	Contributor address; City; Sta			ł		Ψ1,000.00
		Contributor dualess, City, Su	ale, zip coue				
	ļ						
		VICTORIA, TX 77904					
Princip	pal occur	pation / Job title (See Instructions))	Employer (See Instructions	5)		
ELEC	TRICA	L CONTRACTOR		HALL ELECTRIC			
Date		Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	2/2024	WATTS, ELENA				· ····································	\$100.00
	ļ		ate; Zip Code		1		
		VICTORIA, TX 77901					
Princip	pal occur	pation / Job title (See Instructions))	Employer (See Instructions	5)		
Date		Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
01/30/	0/2024	WATTS, HERBERT (Mrs.)	-				\$100.00
		Contributor address; City; Sta			1		
		VICTORIA, TX 77904					
Princip	pal occur	pation / Job title (See Instructions))	Employer (See Instructions	5)		
				<u> </u>	—	1	
Date	10004	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀደባብ በበ
021121	2/2024	WESTMORELAND, BRAD					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
	ļ						
1		BAY CITY, TX 77404					
Princir	Dal occu	pation / Job title (See Instructions))	Employer (See Instructions	L 5)		
		, , , , , , , , , , , , , , , , , , , ,	,		-,		
 							
1							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/10 Rpt: 14/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 00088170 Bauknight, Jeffrey J. (Mr.) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/12/2024 WESTMORELAND, GREG \$100.00 6 Contributor address; City; State; Zip Code BAY CITY, TX 77414 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor 02/12/2024 WILKINSON Jr., ROBERT \$500.00 Contributor address; City; State; Zip Code BAY CITY, TX 77414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/30/2024 WORSHAM, GARY \$100.00 Contributor address; City; State; Zip Code VICTORIA, TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2024 \$100.00 WORSHAM, MELITA Contributor address; City; State; Zip Code VICTORIA, TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/21/2024 \$500.00 WYLY-ROMMEL, PLLC Contributor address; City; State; Zip Code TEXARKANA, TX 75503 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/4 Rpt: 15/32	
2 FILER NAME Bauknight, J	effrey J. (Mr.)		Filer ID (Ethics Commission Filers) 00088170	
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 01/31/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$5,200.00 I POLLING	
	Austin, TX 78767		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)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$432.20 I TEXTING	
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-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 contributor's spouse (if any) (FOR JUDICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$6,750.00 POLLING	
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	· · · · · · · · · · · · · · · · · · ·	
Contributor's principal occupation (FOR JUDICIAL) Contributor's job		Contributor's job title	le (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Law firm			r's spouse (if any) (FOR JUDICIAL)	
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/4 Rpt: 16/32
2 FILER NAME	E Jeffrey J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088170
4			
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 02/07/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$6,003.00 I CANVASSING
	Austin, TX 78767		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)
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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$32,719.10 IDIGITAL
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$6,957.00 I CANVASSING
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)			r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 3/4 Rpt: 17/32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Jeffrey J. (Mr.)		00088170
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 02/22/2024	 6 Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) description \$32,101.60 DIGITAL
	Austin, TX 78767		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)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·	
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: OSBORNE, HAROLD Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$250.00 I ADVERTISING
	AVERY ISLAND, LA 70513		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/14/2024	Full name of contributor out-of-state PAC (ID#: TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$81,675.00 I POLITIAL ADVERTISING
	AUSTIN, TX 78701		I Check if travel outside of Texas. Complete Schedule T.
Principal occu	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 contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 4/4 Rpt: 18/32								
2 FILER NAME Bauknight, 3	Jeffrey J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088170							
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$							
5 Date 02/21/2024	 6 Full name of contributor out-of-state PAC (ID#: TEXANS FOR LAWSUIT REFORM PAC 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) 6 contribution \$49,376.00 I POLITICAL ADVERTISING							
	AUSTIN, TX 78701		I Check if travel outside of Texas. Complete Schedule T.							
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	-JUDICIAL) (See instructions)								
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 i	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$25,035.00 POLITICAL ADVERTISING							
	AUSTIN, TX 78701		Check if travel outside of Texas. Complete Schedule T.							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	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 contributo	r's spouse (if any) (FOR JUDICIAL)							
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: THOMAS, ASHLIE Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$4,989.421FUNDRAISER EVENT							
	VICTORIA, TX 77901		Check if travel outside of Texas. Complete Schedule T.							
Principal occu EXECUTIVE	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON C L THOMAS, INC	-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 contributo	r's spouse (if any) (FOR JUDICIAL)							
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									

	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/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 1/14 Rpt: 19/32	Bauknight, Jeffrey J. (Mr.)	00088170								
4	Date 02/05/2024										
6 Amount (\$) \$114.95 7 Payee address; City; State; Zip Code 1402 JOHN STOCKBAUER VICTORIA, TX 77904											
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense FOR EVENT WITH GOV. ABBOTT								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/13/2024	DANNY VIVIAN PHOTOGRAPHY									
	Amount (\$) \$433.00	Payee address; City; State; Zip Code 121 S MAIN STREET 3RD FLOOR VICTORIA, TX 77901									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense T GOV. ABBOTT EVENT								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date 02/08/2024	Payee name FOX BRYANT, LLC									
	Amount (\$) \$17,250.00	Payee address; City; State; Zip Code 855 W ST SUITE 2 LINCOLN, NE 68508									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ED DOORS								
	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		Ever Fees Food Gift/, tee Lega	EXPENDITURE It Expense Weverage Expense Wards/Memorials Exp I Services	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimburseme rhead/Rental Expense pense pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2 FII	FR NAME					3	Filer ID	(Ethics Commission Filers)
-	Sch: 2/14 Rpt: 20/32		uknight, Jeff	rev J. (Mr.)				ľ	00088170	()
4	-		-						00000110	
4	02/16/2024		yee name ARZA, RAQL							
6	Amount (\$) \$1,250.00	25	yee address; 01 LOMA VI		State;	; Zip Co	de			
			CTORIA, TX	77901						
8	PURPOSE OF EXPENDITURE			tegories listed at the t s/Contract Lab		iedule)		ıstin, TX	side of Texas. Com K, officeholder living ABOR	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeh	older name	C	Office sou	ght		Office h	eld
	Date	Pa	yee name							
	02/02/2024	G	O CREATIVE	GROUP						
	Amount (\$)	Pa	yee address;	City;	State;	; Zip Co	de			
	\$1,028.38	55	11 PARKCR	EST DRIVE						
		รเ	JITE 103							
		AUSTIN, TX 78731								
	PURPOSE			tegories listed at the t		a dula)	(b) Description			
	OF		lvertising Exp		op of this sch	leuule)		vel outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Au BRANDIN		<, officeholder living	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeh	older name	С	Dffice sou	ght		Office h	eld
	Date	Pa	yee name							
	02/06/2024			ATEGIES, LLC	;					
\vdash	Amount (\$)	Pa	yee address;	City;	State:	; Zip Co	de			
	\$14,998.67		07 LOST CR		·	•				
			JSTIN, TX 78							
	PURPOSE OF EXPENDITURE		itegory _{(See Ca}	tegories listed at the t	op of this sch	iedule)		ıstin, TX	side of Texas. Com (, officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeh	older name	C	Dffice sou	ght		Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	e Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/M	yment/Reimbursement rhead/Rental Expense bense pense ages/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: 3/14 Rpt: 21/32		Bauknight, Jeffrey J. (Mr.) 00088170									
4	Date	5	Payee name									
	02/06/2024		LAWSON STRATEGIES, LLC									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$2,450.30		1407 LOST	CREEK BLVD								
			AUSTIN, T	X 78746	5							
8	PURPOSE	(a)	Category (s	See Categories listed at th	e top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Advertising			,		outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE								, officeholder living	expense		
							ABBOTT EN	DO	RSE TEXT			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	(Office sou	ght		Office he	eld		
	Date		Payee name	9								
	02/06/2024		LAWSON	STRATEGIES, LI	_C							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$4,000.00			CREEK BLVD		, ,						
	\$4,000.00		1407 200									
			AUSTIN, T	X 78746								
	PURPOSE OF	(a)		See Categories listed at th	ne top of this sch	edule)	(b) Description	rription heck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Consulting Expense										
									X, officeholder living expense			
							TEDRETAIN		N			
	Complete ONLY if direct	<u> </u>		ficeholder name		Office sou	t Office held					
	expenditure to benefit C/Oł		candidate/On				jiit.		Onice he			
-	Date		Payee name									
	02/13/2024			, STRATEGIES, LI	С							
		-				· Zin Co	do					
	Amount (\$)		Payee addre	ess; City; F CREEK BLVD	State	; Zip Co	ue					
	\$2,456.55		1407 LUS	I CREEK BLVD								
			AUSTIN, T	X 78746								
	PURPOSE	(a)	Category (s	See Categories listed at th	ne top of this sch	iedule)	(b) Description					
	OF EXPENDITURE		Advertising	l Expense					ide of Texas. Com	•		
									, officeholder living	expense		
						DOORHANG	ER	S				
	_											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder 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	/ - Il Coi	Fees Food/Beverage Expense Gift/Awards/Memorials Expense				yment/Reimbursement rhead/Rental Expense ense 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 NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 4/14 Rpt: 22/32		Bauknight,	Jeffrey J. (Mr.)					00088170			
4	Date	5	Payee name	9								
	02/13/2024		LAWSON STRATEGIES, LLC									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$1,915.72		1407 LOS	CREEK BLVD								
			AUSTIN, T	X 78746								
8	PURPOSE	(a)	Category (s	See Categories listed at the	e top of this sch	redule)	(b) Description					
	OF EXPENDITURE		Advertising		 	,		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE								, officeholder living	expense		
							TAX ATTACI	< т	EXT			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sou	ght		Office he	eld		
	Date		Payee name)								
	02/13/2024		LAWSON	STRATEGIES, LL	C							
_	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$3,828.00			CREEK BLVD								
	+0,0_0.00		2.00.200									
			AUSTIN, TX 78746									
	PURPOSE OF	(a)	Category (S	See Categories listed at the	e top of this sch	nedule)	(b) Description					
	EXPENDITURE		Advertising	I Expense					side of Texas. Complete Schedule T.			
									X, officeholder living expense			
								DV	OCATE AD.	5		
	Complete ONIL V if direct		Candidata/Of	fiechelderneme		Office cour						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OI	ficeholder name	(Office sou	jni		Office he	ala		
		-										
	Date		Payee name		-							
	02/12/2024		LAWSON	STRATEGIES, LL	.C							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$20,464.85		1407 LOS	F CREEK BLVD								
			AUSTIN, T	X 78746								
	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	nedule)	(b) Description	_				
	OF EXPENDITURE	Advertising Expense							ide of Texas. Com	•		
									, officeholder living			
							DIGITAL OU	IR	EACH CAMI	PAIGN		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder 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		Event Expense Fees Food/Beverage Expens Gitt/Awards/Memorials nmittee Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	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				3	Filer ID (Ethics Commission Filers)				
	Sch: 5/14 Rpt: 23/32		Bauknight, Jeffrey J. (Mr.)					00088170				
4	Date	5	Payee name				-					
	02/13/2024		LAWSON STRATEGIES, L	_C								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de						
	\$14,944.55		1407 LOST CREEK BLVD									
		AUSTIN, TX 78746										
8	PURPOSE	(a)	Category (See Categories listed at th	o top of this coh	odulo)	(b) Description						
-	OF		Printing Expense	ie top of this son	leuule)	_	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		5 1				, TX	, officeholder living expense				
						MAILINGS						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	jht		Office held				
	Date		Payee name									
	02/16/2024		LAWSON STRATEGIES, L	LC								
	Amount (\$)		Payee address; City;	State	; Zip Co	de						
	\$159.00		1407 LOST CREEK BLVD									
			AUSTIN, TX 78746									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Fees	te top of this sch	nedule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Iquarters registration fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	ght		Office held				
	Date		Payee name									
	02/16/2024		LAWSON STRATEGIES, LI	LC								
-	Amount (\$)		Payee address; City;		; Zip Co	10						
	\$17,375.26		1407 LOST CREEK BLVD	Oluie	, 20 00							
	\$11,010i20											
			AUSTIN, TX 78746									
	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	nedule)	(b) Description						
	EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
-	Complete ONLY if direct	L(Candidate/Officeholder name	(Office sou	aht		Office held				
	expenditure to benefit C/OI											
-												

				EXPENDITU	RE CATEGO)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 Expe Gift/Awards/Memoria Legal Services	es Office Overhead/Rental Expense od/Beverage Expense Polling Expense /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 NAM	E					3	Filer ID	((Ethics Commission Filers)		
	Sch: 6/14 Rpt: 24/32			Jeffrey J. (Mr.)						00088170	C			
4	Date	5	Payee name	9										
	02/16/2024		LAWSON	STRATEGIES,	LLC									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de							
	\$14,944.55		1407 LOS	CREEK BLVE)									
			AUSTIN, T	X 78746										
8	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b)	Description						
	OF EXPENDITURE		Printing Ex					Check if travel			•			
	EXPENDITORE							Check if Austin	, TX,	officeholder liv	ving ex	xpense		
								MAILINGS						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	(Office sou	ight			Office	helc	1		
	Date		Payee name	è										
	02/16/2024		LAWSON	STRATEGIES,	LLC									
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de							
	\$14,944.55		1407 OS	T CREEK BLVD)									
	+= 1,0 1 1100		2.00.200											
			AUSTIN, T	X 78746										
	PURPOSE OF	(a)	Category (S	See Categories listed a	t the top of this sch	edule)	(b)	Description						
	EXPENDITURE		Printing Ex	pense				Check if travel			•			
								Check if Austin	, IX,	officenoider liv	ing e	xpense		
								MAILINGS						
	Complete ONLY if direct		Candidato/Of	ficeholder name		Office sou	abt			Office	hold	4		
	expenditure to benefit C/OI			ncenoider name		Since Sou	iyin			Onice	neit	4		
	Data	1	Deuter											
	Date		Payee name											
	02/16/2024			STRATEGIES,										
	Amount (\$)		Payee addr	-		; Zip Co	ode							
	\$20,468.40		1407 LOS	T CREEK BLVD)									
			AUSTIN, T	X 78746										
	PURPOSE	(a)	Category (S	See Categories listed a	t the top of this sch	iedule)	(b)	Description						
	OF EXPENDITURE		Advertising					Check if travel						
								Check if Austin				xpense		
								ADVERTISIN	IG	CAMPAIG	ίΝ			
	Complete ONLY if direct		Candidate/Of	ficeholder name	(Office sou	ght			Office	helc	1		
	expenditure to benefit C/OI	-												

				EXPEND	ITURE CATEGO		BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Gift/Awards/Mer Legal Services		Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimburseme rhead/Rental Expense pense pense ages/Contract Labor		Transportation E Travel in Distric Travel Out of Di			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 7/14 Rpt: 25/32			Jeffrey J. (N	∕lr.)				00088170			
4	Date	5	Payee name	e								
	02/21/2024		LAWSON	STRATEGIE	ES, LLC							
6	Amount (\$)	7	Payee addr	ess; City;	State	; Zip Co	de					
	\$1,772.00		1407 LOS	T CREEK BL	VD							
			AUSTIN, T	X 78746								
8	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sch	(elube)	(b) Description					
	OF	Ľ	Advertising		ted at the top of this son	ieuuie)		avel out	side of Texas. Con	nplete Schedule T.		
	EXPENDITURE			,			Check if Au	ustin, TX	X, officeholder livin	g expense		
							TEXT					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder nar	ne C	Dffice sou	ght		Office h	eld		
	Date		Payee name	9								
	02/23/2024		LAWSON	STRATEGIE	ES, LLC							
	Amount (\$)	-	Payee addr		-	; Zip Co						
				T CREEK BL		, zip co						
	\$2,466.55		1407 LUS	I CREEK DI	_VD							
			AUSTIN, T	X 78746								
	PURPOSE OF	(a)	Category (See Categories lis	ted at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Printing Ex	pense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
							DOOR HA	INGE	.KS			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	-	Candidate/Of	ficeholder nar	ne C	Office sou	ght		Office h	eld		
	experiatare to benefit 0/01											
	Date		Payee name	9								
	02/23/2024		LAWSON	STRATEGIE	ES, LLC							
	Amount (\$)	\vdash	Payee addr	ess; City;	State:	; Zip Co	de					
	\$15,014.91			T CREEK BI		•						
	+===,0=											
			AUSTIN, T	X 78746								
	PURPOSE	(a)	Category /	See Categorios lie	ted at the top of this sch	(elube)	(b) Description					
	OF	Ľ	Printing Ex			icourcy		avel out	side of Texas. Con	nplete Schedule T.		
	EXPENDITURE						Check if Au	ustin, TX	X, officeholder livin	g expense		
							MAILINGS	5				
-	Complete ONLY if direct	L(Candidate/Of	ficeholder nar	ne C	Dffice sou	ght		Office h	eld		
	expenditure to benefit C/OI						-					
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice 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 y - Gift/Awards/Memorials Expense Printing Expense
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/14 Rpt: 26/32	Bauknight, Jeffrey J. (Mr.) 00088170
4 Date	5 Payee name
02/23/2024	LAWSON STRATEGIES, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,014.91	1407 LOST CREEK BLVD
	AUSTIN, TX 78746
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	MAILINGS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/23/2024	LAWSON STRATEGIES, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,696.08	1407 LOST CREEK BLVD
+_,	
	AUSTIN, TX 78746
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Check if Austin, TX, officeholder living expense TEXT
	I EXT
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/23/2024	LAWSON STRATEGIES, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,175.00	1407 LOST CREEK BLVD
	AUSTIN, TX 78746
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
	EMAIL CAMPAIGN
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memor Legal Services	pense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Rein rhead/Renta iense pense ages/Contra	nbursement al Expense act Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission I	Filers)
	Sch: 9/14 Rpt: 27/32	-		Jeffrey J. (Mr.	.)					00088170		,
4	Date	5	Payee nam	9								
	01/30/2024		LAWSON STRATEGIES, LLC									
6	Amount (\$)	7	Payee addr	ess; City;	State	; Zip Co	de					
	\$838.94		1407 LOS	T CREEK BLV	D							
			AUSTIN, 1	X 78746								
8	PURPOSE	(a)	Category	See Categories listed	at the ten of this sch	uodulo)	(b) Des	cription				
	OF	Ľ	Advertising		at the top of this sen	ieuuie)			outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			<u>y</u>				Check if Austin	ı, ТХ,	officeholder livin	g expense	
							AD	VERTISM	IEN	T DESIGN		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name		Office sou	ght			Office h	eld	
	Date		Payee nam	9								
	01/30/2024		LAWSON	STRATEGIES	, LLC							
_	Amount (\$)	┝	Payee addr			; Zip Co						
	.,					, zip co	le					
	\$17,028.54		1407 LOS	T CREEK BLV	D							
			AUSTIN, 1									
	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	iedule)		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	EXPENDITURE		Printing Ex	kpense								
								MAILER				
							IVIA	ILER				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sou	ght			Office h	eld	
	Date		Payee nam	e								
	01/30/2024		LAWSON	STRATEGIES	, LLC							
	Amount (\$)		Payee addr	ess; City;	State	; Zip Co	de					
	\$829.20		1407 LOS	T CREEK BLV	D							
			AUSTIN, 1	X 78746								
-	PURPOSE	(a)	Category /	See Categories listed	at the top of this cal		(b) Des	cription				
	OF	(``'	Advertising		at the top of this SCh	icuui e)		•	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		/ averaon i	g Expense				Check if Austin	ı, ТХ,	officeholder livin	g expense	
							TE>	(T				
-	Complete ONLY if direct	L(Candidate/Of	ficeholder name	(Office sou	ght			Office h	eld	
	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/Reimbursement Solicitation/Fundraising Expense Fees Office Overhaed/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: 10/14 Rpt: 28/32	Bauknight, Jeffrey J. (Mr.) 00088170										
4	Date	5 Payee name										
	01/30/2024	LAWSON STRATEGIES, LLC										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$3,160.18	1407 LOST CREEK BLVD										
		AUSTIN, TX 78746										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.										
		Check if Austin, TX, officeholder living expense DOOR HANGERS										
		DOOK HANGERS										
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
Ű	expenditure to benefit C/OI											
	Date	Payee name										
	01/30/2024	LAWSON STRATEGIES, LLC										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$13,415.43	1407 LOST CREEK BLVD										
		AUSTIN, TX 78746										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.										
		Check if Austin, TX, officeholder living expense										
		MAILER										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held										
	Date	Payee name										
	01/30/2024	LAWSON STRATEGIES, LLC										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$350.00	1407 LOST CREEK BLVD										
		AUSTIN, TX 78746										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Advertising Expense										
		Check if Austin, TX, officeholder living expense										
		TEXT										
	Complete ONUX Science											
	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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tegal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/W	erhead/Re pense kpense /ages/Co	Reimbursement ental Expense ontract Labor this form.		Travel in District Travel Out of Dist	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 11/14 Rpt: 29/32		Bauknight, Jeffrey J. (Mr.)					00088170				
4	Date	5	Payee name			I						
	02/12/2024		MAEKER'S SAUSAGE AND PROCES	SSING								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de							
	\$210.00		PO BOX 932									
			SHINER, TX 77984									
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	ula a di di a l	(b) D	escription						
-	OF		Event Expense	(nequie)			outsic	le of Texas. Comp	lete Schedule T.			
	EXPENDITURE					4		officeholder living				
					F	INGER FOO	DS	FOR EVEN	١T			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office he	ld			
	Date		Payee name									
	02/13/2024		PROSPERITY BANK									
	Amount (\$)		Payee address; City; State	e; Zip Co	de							
	\$7.50		101 S MAIN									
			VICTORIA, TX 77901		(1)							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Accounting/Banking	chedule)		-	тx,	de of Texas. Comp officeholder living E FEE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ght			Office he	ld			
	Date		Payee name									
	02/02/2024		PURPLE SAGE STRATEGIES, LLC									
	Amount (\$)		Payee address; City; State	e; Zip Co	de							
	\$1,560.00		3002 BRYKER DRIVE									
			AUSTIN, TX 78703		(1) -							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b) D	escription	utsir	le of Texas. Comp	lete Schedule T			
	EXPENDITURE		Consulting Expense		L S	4	TX,	officeholder living	expense			
ļ	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office 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	Event Expense Loan Repayment/Reimbursement 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								
	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
ľ	Sch: 12/14 Rpt: 30/32	Bauknight, Jeffrey J. (Mr.)								
4	Date	5 Payee name								
	02/08/2024	RYAN DATA AND RESEARCH								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$3,000.00	PO BOX 202675								
		AUSTIN, TX 78720								
-	DUDDOCE									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expanse (b) Description Consulting Expanse								
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
	Complete ONIL V if direct	Candidate/Officeholder name Office sought Office held								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI									
	Date	Payee name								
	02/01/2024	THE UPS STORE								
⊢	Amount (\$)	Payee address; City; State; Zip Code								
	\$119.08	8806 N NAVARRO STREET								
	φ115.00									
		SUITE 600								
		VICTORIA, TX 77904								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF Printing Expense Check if travel outside of Texas. Complete Schedule T.									
	Check if Austin, 1X, officenoider living expense									
		THANK YOUS								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	H								
	Date	Payee name								
	02/23/2024	THE UPS STORE								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$8,368.99 8806 N NAVARRO STREET									
	φ0,300.33									
		SUITE 600								
		VICTORIA, TX 77904								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		MAILINGS								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH										

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Fees Office Ove Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Exp			nent/Reimbursement Solicitation/Fundraising Expense pad/Rental Expense Transportation Equipment & Related Expense nse Travel in District nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1: Sch: 13/14 Rpt: 31/32	2 FILER NAME Bauknight, Jeffrey J. (M	r.)			3 Filer ID 00088170	(Ethics Commission Filers)			
4	Date	5 Payee name				•				
	02/13/2024	VICTORIA ADVOCATE								
6	Amount (\$) \$640.00	7 Payee address; City; State; Zip Code 101 W GOODWIN AVENUE SUITE 1200 VICTORIA TX 77001								
		VICTORIA, TX 77901								
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 ADS IN NEWSPAPER 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nam	e C	Office soug	nt	Office h	eld			
	Date	Payee name								
	01/29/2024	VICTORIA COLLEGE EMERGING TECHNOLOGY CENTER								
	Amount (\$) \$1,085.31	Payee address; City; 7403 LONE TREE ROA VICTORIA, TX 77905		; Zip Cod	e					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Event Expense	d at the top of this sch	edule) (I	Check if Austir	outside of Texas. Con n, TX, officeholder livin R EVENT WITI				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nam	e C	Office soug	nt	Office h	eld			
F	Date	Payee name								
02/22/2024 VICTORIA COLLEGE EMERGING TECHNOLOGY CENTER										
	Amount (\$) \$1,887.89	Payee address; City; 7403 LONE TREE ROA		; Zip Cod	e					
		VICTORIA, TX 77905								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Event Expense	d at the top of this sch	edule) (I	Check if Austir	outside of Texas. Con n, TX, officeholder livin BALANCE FR				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nam	e C	Office soug	nt	Office h	eld			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
	Total pages Schedule F1: Sch: 14/14 Rpt: 32/32	2 FILER NAME Bauknight, Jeffrey J. (Mr.)	3	Filer ID 00088170	(Ethics Commission Filers)				
4	Date 02/08/2024	5 Payee name VICTORIA COUNTY REPUBLICAN WOMEN	<u> </u>						
	Amount (\$) \$250.00	 7 Payee address; City; State; Zip Code 115 S MAIN VICTORIA, TX 77901 							
8	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense DATE FORUM TABLE						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office h	eld				
	Date 02/23/2024	Payee name WinRed							
	Amount (\$) \$150.26	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, TX 22209							
PURPOSE OF EXPENDITURE		Check if Austi		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense DNTRIBUTION					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office h	eld				