### SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.          1       Filer ID (Ethics Commission Filers)       2       Total pages filed:										
				Commission Filers)		5	53			
3 COMMITTEE NAME							OFFICE U	ISE ON	ILY	
Friends of Dr. Gre	g Bonnen					Date F	Received			
			ELE	CTRONICA	LLY FIL	ED				
						07/1	2/2024			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	Cl	ΓY;	STATE;	ZIP COD	DE				
ADDRESS	P.O. Box 1183					Data	land-delivered or	Data Doctm	arkad	
						Daler	ianu-uenvereu or	Date Postin	arkeu	
Change of Address	Friendswood, TX 77549-1183					Receip	ot #	Amount		
						Date P	Processed			
						Date Ir	maged			
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST					MI				
NAME	Mrs. Kim									
	NICKNAME LAST					SUFF	IX			
	Bonnen									
					<u>-</u> µ.			TE. 7		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLE/ 405 David Street	43E),		APT / SUITE	± <i>#</i> ,	CITY;	STA	1E, 2	ZIP CODE	
STREET	405 David Street									
ADDRESS										
(Residence or Business)	Friendswood, TX 77546									
7 CAMPAIGN TREASURER	STREET OR PO BOX;			APT / SUITE	:#;	CITY;	STA	IE; Z	ZIP CODE	
MAILING	405 David Street									
ADDRESS										
Change of Address	Friendswood, TX 77546									
8 CAMPAIGN	AREA CODE PHONE NUMBE	R	EXTENSI	NC						
TREASURER PHONE	(281) 993-2846									
9 REPORT TYPE	January 15	30t	h day before	e election		Exce	eded modified	reporting li	imit	
	Г	8th	day before	election		Disso	olution (Attach	PAC-DR)		
	X July 15	_ П Ru	noff			10th	day after camp	aign treas	urer	
	L						ination	aight a cub		
10 PERIOD COVERED	Month Day Year	_			Month	Day	Year			
COVERED	02/25/2024	Т	HROUGH		0	6/30/2024				
11 ELECTION	ELECTION DATE			ELECTIO						
	Month Day Year	Pri	nary	Runof		Othe	r			
	11/05/2024	_								
		K Ge	neral	Specia	al					
	GO TO PAGE 2									
Forms provided by Te			thics.state				Versio	n V3.5 1	.5b35d027	
							* 01010			

### SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Friends of Dr. Greg Bon	nen		00067893	
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this	Candidate			
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)	
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE
OPPOSE (Candidate or Measure)			Month	Day Year
ASSIST	Measure	DESCRIPTION		
(Officeholder)				
15 CONTRIBUTION TOTALS		RIBUTIONS OF \$50 OR LESS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$ \$0.00
	2. TOTAL POLITICAL CO	ONTRIBUTIONS		<b>• • • • • • • • • •</b>
	(OTHER THAN PLEDGES	S, LOANS, OR GUARANTEES OF LOANS)		\$ \$37,530.46
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		<b>\$</b> \$9.37
	4. TOTAL POLITICAL E	(PENDITURES		\$\$106,748.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	<b>\$</b> \$1,654,318.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF T G PERIOD	THE LAST	\$ \$450,000.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of perj and correct and includes all information Title 15, Election Code.		
		Mrs. Kir	n Bonnen	
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er
-				
		, t	his the	day
of	, 20, to certify which	n, witness my hand and seal of office.		
Signature of officer ad	ministering oath Print	ed name of officer administering oath	Title of office	er administering oath

S	JBT	FORM SPAC COVER SHEET PG 3 3 of 53			
		EE NAME f Dr. Greg Bonnen	18 Filer ID 00067893	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		S	UBTOTAL AMOUNT
1.	Х	\$	35,210.60		
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,319.86	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
7.	X	SCHEDULE E: LOANS		\$	450,000.00
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	106,748.81
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	1,550,000.00
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	18,577.83

# MONETARY POLITICAL CONTRIBUTIONS

			-		
The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/53	
2 FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
	. Greg Bonnen			00067893	,
	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
03/29/2024	AXIS Strategic Partners, LLC				\$2,000.00
	6 Contributor address; City; State; Zip Code		ł		
	Austin, TX 78701				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
02/26/2024	Casey, Royce B				\$100.00
	Contributor address; City; State; Zip Code		1		
Duincipal accur	League City , TX 77573		Ĺ		
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
			1		
Date	—	)		Amount of Contribution (\$)	*1 000 00
05/26/2024	Caterpillar Inc. PAC				\$1,000.00
	Contributor address; City; State; Zip Code				
	Irving , TX 75039				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	 S)		
Data		<u> </u>	1	Amount of Contribution (¢)	
Date 05/01/2024	Full name of contributor out-of-state PAC (ID#: Colyandro, John	)		Amount of Contribution (\$)	\$960.60
00/01/2024	-		•		Φ900.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78731				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Senior Adviso	or and Policy Director	Governor Greg Abbott			
Date	Full name of contributor X out-of-state PAC (ID#:	C00112 )	Ī	Amount of Contribution (\$)	
03/11/2024	ConocoPhillips Sprit PAC			\$1,000.00	
	Contributor address; City; State; Zip Code	]			
	Bartlesville, OK 74004				
Principal occur	batties ville, OK 74004 pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
i inicipal cooq			5)		
		<u> </u>			

### MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/53	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Friends of D	Dr. Greg Bonnen		00067893
4 Date	<b>5</b> Full name of contributor X out-of-state PAC (ID#:	80172157 )	7 Amount of Contribution (\$)
03/29/2024	— —		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Oklahoma City, TX 73102		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
03/11/2024	· · ·		\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/11/2024			\$2,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/11/2024	Fertita, Tilman (Mr.)		\$10,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
President		Landry's Corp.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/11/2024	3		\$2,500.00
	Contributor address; City; State; Zip Code	1	
	Houston, TX 77010-3095		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

							/
	The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/53	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		r. Greg Bonnen				00067893	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/11/2024	HUSCH Blackwell LLP		ļ			\$1,000.00
	1	6 Contributor address; City; Stat	te; Zip Code				
		St.Louis, MO 63105	,				
8	Principal occu	<pre>ipation / Job title (See Instructions)</pre>		9 Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/23/2024	Leal, Roland					\$1,000.00
	I	Contributor address; City; Stat					
			0, 2.9 0000	ļ			ļ
		1					
		Georgetown, TX 78628		ļ			
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions)	L;)		
	CEO	, , , , , , , , , , , , , , , , , , ,		Roland Leal Consultants			
⊨					-	Account of Contribution (\$)	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<u>ቀጋ 000 00</u>
	04/23/2024	McReaken, Douglas and Er					\$3,000.00
		Contributor address; City; Stat	ie; Zip Code	ļ			
		1		ļ			
				ļ			
		Friendswood, TX 77546					
		pation / Job title (See Instructions)	ļ	Employer (See Instructions)	;)		
	Consultant			Roland Leal			
	Date	Full name of contributor	× out-of-state PAC (ID#: C	)	Γ	Amount of Contribution (\$)	
	03/29/2024	NABIP Texas PAC					\$500.00
	I	Contributor address; City; Stat	te; Zip Code				
		1		ļ			
		1		ļ			
		Crawford, NJ 07016		ļ			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
				I			
F	Date	Full name of contributor	X out-of-state PAC (ID#: C		Γ	Amount of Contribution (\$)	
	03/11/2024	Responsible Citizens State					\$750.00
		Contributor address; City; Stat				•	
		Contributor address, City, Stat	ļ				
		1					
		Albquerque, NM 87102		ļ			
_	Princinal occu	pation / Job title (See Instructions)	r	Employer (See Instructions)	L		
	Phillipai occu				9		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/5 Rpt: 7/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/14/2024 **TSAPAC** \$1,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-1665 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/11/2024 \$1,000.00 **TXTA Truck PAC** Contributor address; City; State; Zip Code Austin, TX 78762 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/11/2024 Texas Academy of Physician Assistants \$1,000.00 Contributor address; City; State; Zip Code San Antonio, TX 78207 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/11/2024 \$1,000.00 Texas Chemical Council/Association of Chemical Industry of Texas Free Contributor address; City; State; Zip Code Austin, TX 78701-1586 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/15/2024 \$400.00 **Texas Gulf Coast Republican Women** Contributor address; City; State; Zip Code Friendswood, TX 77546 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: 5/5 Rpt: 8/53 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 03/11/2024 \$500.00 **Texas Psychological PAC** 6 Contributor address; City; State; Zip Code Austin, TX 78757 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/11/2024 \$1,000.00 Texas Society of Certified Public Accountants PAC Contributor address; City; State; Zip Code Dallas, TX 75245 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) ) 03/11/2024 Zachry Construction Corporation PAC \$1,000.00 Contributor address; City; State; Zip Code San Antonio, TX 78265-3240 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/53				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Dr. Greg Bonnen	00067893				
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 03/12/2024	<ul> <li>6 Full name of contributor out-of-state PAC (ID#:</li> <li>Greg Abbott Campaign</li> <li>7 Contributor address; City; State; Zip Code</li> </ul>	)	8 Amount of 9 In-kind contribution contribution (\$) description \$1,876.29 I Texting			
	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	I-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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 03/12/2024	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 \$443.57 I Travel			
	Austin, TX 78767		I I Check if travel outside of Texas. Complete Schedule T.			
Principal occi	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 contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

LOANS				SCHEDULE E
The Instruction	ges Schedule E: 1 Rpt: 10/53			
2 FILER NAME Friends of Dr. G	(Ethics Commission Filers) 193			
<sup>4</sup> TOTAL OF UN	IITEMIZED LOANS			\$
5 Date of loan 02/25/2024	7 Name of lender     Image: out-of-state PA       Bonnen, James Gregory (Dr.)	C (ID#:	)	9 Loan Amount (\$) \$450,000.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
No	Friendswood, TX 77546			11 Maturity Date
12 Principal occupation Neuro Surgeon	on / Job title (See Instructions)	13 Employer (See Instructions Self	6)	
14 Description of Coll X None	lateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			<b>19</b> Amount Guaranteed (\$)
X not applicable	<b>18</b> Guarantor address; City; State;	Zip Code		
20 Principal occupation	L on	21 Employer (See Instructions	3)	I

	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 Gitt/Awards/Memorials Unittee Legal Services The Instruction Gu	Expense	Office Ove Polling Ex Printing Ex Salaries/M	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2		•		•	2	Filer ID	(Ethics Commission Filers)
1	Sch: 1/41 Rpt: 11/53	2	Friends of Dr. Greg Bonnen				3	00067893	
4	Date	5	Payee name						
	06/26/2024		4Imprint						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$444.62		101 Commerce St						
			Oshkosh, WI 54901						
8	PURPOSE	(a)	Category (See Categories listed at th	o top of this sch	odulo)	(b) Description			
-	OF		Advertising Expense		euule)		outs	ide of Texas. Comp	blete Schedule T.
	EXPENDITURE					Check if Austin	n, TX	, officeholder living	expense
						Printing of po	ost i	it notes	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght		Office he	ld
	Date		Payee name						
	05/09/2024		50 Club of Galveston Count	у					
_	Amount (\$)		Payee address; City;	State:	Zip Co	de			
	\$1,000.00		P. O. Box 231	o tato,	, <u>_</u> ,p 00				
	φ1,000.00		1.0.D0x201						
			Galveston, TX 77553						
	PURPOSE OF	(a)	Category (See Categories listed at th		edule)	(b) Description			
	EXPENDITURE		Contributions/Donations Ma					ide of Texas. Comp , officeholder living	
			Candidate/Officeholder/Poli	lical Comm	littee	Annual spons			expense
						Annual Spon	501	snip	
	Operation ONITY if all a st		)					045	14
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ynt		Office he	10
		_							
	Date		Payee name						
	05/09/2024		Austin Printing & Mailing						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$1,895.00		6906 Guadalupe						
			Austin, TX 78752						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Printing Expense					ide of Texas. Comp	
								, officeholder living	
						Senior 2024	Ce	rtificate printi	ng
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office he	ld
		1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Be Gift/Awa nmittee Legal Se	Event Expense     Loan Repayment/Reimbursement       Ges     Office Overhead/Rental Expense       ood/Bevrage Expense     Polling Expense       gal Services     Printing Expense       Salaries/Wages/Contract Labor     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 Comr	nission Filers)	
	Sch: 2/41 Rpt: 12/53		Friends of Dr. Gre	g Bonnen					00067893			
4	Date	5	Payee name									
	04/17/2024		Bay Area Alliance	for Youth								
6	Amount (\$)	7	Payee address;	City; St	ate; Zip Co	ode						
	\$100.00		2425 East Main S	treet								
			League City, TX 7	7573								
8	PURPOSE	(a)	Category (See Categ	prior listed at the tap of this	cobodulo)	(b)	Description					
	OF	ľ	Food/Beverage E		s schedule)	Ľ	·	outsid	de of Texas. Com	plete Schedule T.		
	EXPENDITURE						Check if Austin	, TX,	officeholder living	g expense		
							Campaign Di	nne	er expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehold	er name	Office sou	ught			Office he	eld		
	Date		Payee name									
	02/28/2024		Bay Oaks Country	/ Club								
	Amount (\$)		Payee address;	City; St	ate; Zip Co	nde						
	\$58.00		14545 Bay Oaks		.a.o, בוף סי	000						
	\$50.00		14545 Day Oaks	Sivu								
			Houston, TX 770	59								
	PURPOSE	(a)	Category (See Categ	ories listed at the top of this	s schedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage E	xpense						plete Schedule T.		
									officeholder living			
							Campaign Lu	incr	neon expens	se		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officehold	er name	Office sou	ught			Office he	eld		
		_										
	Date		Payee name	( Club								
	04/26/2024		Bay Oaks Country									
	Amount (\$)		Payee address;	City; St	ate; Zip Co	ode						
	\$58.00		14545 Bay Oaks	Blvd								
			Houston, TX 770	59								
	PURPOSE	(a)	Category (See Categ	pries listed at the top of this	s schedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage E				Check if travel	outsid	de of Texas. Com	plete Schedule T.		
	EXPENDITORE								officeholder living			
							Campaign lui	nch	eon expens	e		
	Complete ONLY if direct		Candidate/Officehold	er name	Office sou	ught			Office he	eld		
	expenditure to benefit C/OI	Η										

	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 Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing Ex Salaries/M	erhea (pens (xpens Vages	se s/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: 3/41 Rpt: 13/53		Friends of Dr. Greg Bonnen	00067893								
4	Date 05/30/2024	5	Payee name Bay Oaks Country Club									
6		7		Zin Co								
0	Amount (\$) \$58.00	1	Payee address; City; State; Zip Code 14545 Bay Oaks Blvd Houston, TX 77059									
8	PURPOSE	(a)	Catagony		(h)	Description						
0	OF	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(5)	Check if travel	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight			Office held				
	Date		Payee name									
	03/04/2024		Berry Communications									
	Amount (\$)		Payee address; City; State;	Zip Co	ode							
	\$25,000.00		1014 W Milton St Austin, TX 78704									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Consulting Expense	edule)	(b)	Check if Austin	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ice for State Representative Dr. Greg				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight			Office held				
	Date		Payee name									
	05/08/2024		Best Buy									
	Amount (\$)		Payee address; City; State;	Zip Co	ode							
	\$850.81		2510 Gulf Fwy. S.									
			League City, TX 77573		-							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description						
	OF EXPENDITURE		Office Overhead/Rental Expense				I, TX,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight			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 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	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 4/41 Rpt: 14/53	Friends of Dr. Greg Bonnen	00067893							
4	Date 03/06/2024	5 Payee name Burgerhouse								
6	Amount (\$) \$27.87	<ul> <li>Payee address; City; State; Zip Code</li> <li>395 West Main Street</li> <li>League City, TX 77573</li> </ul>								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense INER EXPENSE							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/18/2024	Butcher, Cyndy (Ms.)								
	Amount (\$) \$950.60	Payee address; City; State; Zip Code 13603 Willow Heights Court Houston, TX 77059								
	PURPOSE OF EXPENDITURE	<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>Travel In District</li> <li>(b) Description</li> <li>Check if travel of</li> </ul>	uutside of Texas. Complete Schedule T. TX, officeholder living expense DURSEMENT							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/18/2024	Butcher, Cyndy (Ms.)								
	Amount (\$) \$1,720.00	Payee address; City; State; Zip Code 13603 Willow Heights Court								
		Houston, TX 77059								
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense es/ labor							
	Complete ONLY 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		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	<b>3</b> Filer ID (Ethics Commission Filers)									
	Sch: 5/41 Rpt: 15/53	Friends of Dr. Greg Bonnen	00067893									
4	Date 04/05/2024	5 Payee name Butcher, Cyndy (Ms.)										
6	Amount (\$) \$1,720.00	Payee address;       City;       State;       Zip Code         13603 Willow Heights Court       Houston, TX 77059       Houston, TX 77059										
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense									
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	04/05/2024	Butcher, Cyndy (Ms.)										
	Amount (\$) \$816.66	Payee address; City; State; Zip Code 13603 Willow Heights Court										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense bursement									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held										
	Date	Payee name										
	05/02/2024	Butcher, Cyndy (Ms.)										
	Amount (\$) \$872.54	Payee address; City; State; Zip Code 13603 Willow Heights Court										
		Houston, TX 77059										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense PURSEMENT									
	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		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: 6/41 Rpt: 16/53	Friends of Dr. Greg Bonnen	00067893							
4	Date	5 Payee name								
	06/06/2024	Butcher, Cyndy (Ms.)								
6	Amount (\$) \$1,092.71	7 Payee address; City; State; Zip Code 13603 Willow Heights Court Houston, TX 77059								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>UrSement</b>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/06/2024	Butcher, Cyndy (Ms.)								
	Amount (\$) \$1,720.00	Payee address; City; State; Zip Code 13603 Willow Heights Court								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S <b>E</b>							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/02/2024	Butcher, Cynthia								
	Amount (\$) \$1,720.00	Payee address; City; State; Zip Code 13603 Willow Heights Court								
		Houston, TX 77059								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	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 E Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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:	<b>2</b> F	LER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 7/41 Rpt: 17/53	F	riends of Dr. Greg Bonnen					00067893			
4	Date 05/07/2024		ayee name Lear Creek ISD								
6	Amount (\$) \$39.67	2	ayee address; City; 323 Clear Lake City Blvd eague City, TX 77573	State;	; Zip Cod	e					
8	PURPOSE OF EXPENDITURE		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Teacher of the Year Luncheon</li> </ul> </li> </ul>								
9	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held			
	Date	Р	ayee name								
	02/27/2024	C	ampaign Advocacy								
	Amount (\$)	Р	ayee address; City;	State;	; Zip Cod	e					
	\$14,380.38		01 NE 46th klahoma City, OK 73105								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Mailer for Re Election of State Representation</li> <li>Greg Bonnen</li> </ul> </li> </ul>						, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held			
	Date	Р	ayee name								
	03/26/2024		asa of Galveston County								
	Amount (\$) \$580.00		ayee address; City; 00000 Emmett Lowry exp s		; Zip Cod	e					
		Т	exas City , TX 77591								
	PURPOSE OF EXPENDITURE	C	ategory (See Categories listed at th ontributions/Donations Ma andidate/Officeholder/Polit	de By	,	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense uual Tee shirt drive			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	(	Dffice soug	ht		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 Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	ense 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: 8/41 Rpt: 18/53		Friends of Dr. Greg Bonnen				00067893					
4	Date 05/21/2024		Payee name Casa of Galveston County									
6	Amount (\$) \$416.00		Payee address; City; State; 100000 Emmett Lowry exp ste 4000 Texas City , TX 77591	Zip Coo	le							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	,		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense Ship					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held					
	Date		Payee name									
	06/12/2024		Central Cultural Center									
	Amount (\$) \$80.00		Payee address; City; State; 2627 Avenue M Galveston, TX 77550	Zip Co	le							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense er expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held					
	Date		Payee name									
	03/21/2024		Clear Creek Education Foundation									
	Amount (\$) \$1,000.00		Payee address; City; State; 2425 FM 2094	Zip Co	le							
			League City, TX 77573									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	,		n, TX,	de of Texas. Complete Schedule T. officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense 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			-	3	Filer ID (Ethics Commission Filers)	-	
-	Sch: 9/41 Rpt: 19/53	2	Friends of Dr. Greg Bonnen	00067893					
4	Date	5	Payee name						
	04/10/2024		Clear Creek Education Foundation						
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le				
	\$103.94		2425 FM 2094						
			League City, TX 77573						
8	PURPOSE				(b) Decoription			-	
ľ	OF	(a)	Category (See Categories listed at the top of this schere Food/Beverage Expense	dule)	b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					Campaign lu	nch	neon at Top Golf Tournament		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name					_	
	03/21/2024		Clear Lake Area Chamber of Commerce	е					
	Amount (\$)		Payee address; City; State;	Zip Coo	le			$\neg$	
	\$200.00		1201 E. Nasa Parkway	2.0 000					
	φ200.00								
			Houston, TX 77058						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schere	dule)	<b>b)</b> Description				
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T. , officeholder living expense		
			Candidate/Officeholder/Political Commit	llee			t Sponsorship for Representative [	)r	
					Greg Bonner			7.	
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice souc	ht		Office held	_	
	expenditure to benefit C/Oł								
-	Date	1	Payee name					—	
	03/21/2024		Communities In Schools Bay Area						
				Zip Coo				_	
	Amount (\$) \$1,000.00		Payee address; City; State; 18333 Egret Bay Blvd,	Zip Cut	le				
	Φ1,000.00								
			Unit 260						
			Houston, TX 77058						
	PURPOSE	(a)	Category (See Categories listed at the top of this schere	dule)	<b>b)</b> Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Commit	ttee			, officeholder living expense		
					Donation to r	IUII	i prom		
		Ľ		<i>u</i> :	<b>L</b> -4				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	nt		Office held		
								$\square$	

	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 hmittee Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	verhea Expens Expen /Wage	nse es/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: 10/41 Rpt: 20/53		Friends of Dr. Greg Bonnen					00067893			
4	Date	5	Payee name								
	03/04/2024		Copy Doctor Friendswood								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$26.88		1101 S Friendswood Dr,								
			Friendswood , TX 77546								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Printing Expense					de of Texas. Complete Schedule T.			
								officeholder living expense			
						State Rep Dr dinner	. Во	onnen Logo cards for Campaign			
						unner					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office held			
	Date		Payee name								
	05/13/2024		Day Cocina								
	Amount (\$)		Payee address; City; Sta	ate; Zip C	ode						
	\$45.38		2500 S Loop 35, #1,	, <u>-</u> .p e							
	φ-0.00		2000 0 2000 00, #1,								
			Alvin, TX 77511								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.			
								TX, officeholder living expense			
						Campaign Iui	ncn	eon expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office held			
	Date		Payee name								
	06/17/2024		Day Cocina								
			-								
	Amount (\$)			ate; Zip C	ode						
	\$46.73		2500 S Loop 35, #1,								
			Alvin, TX 77511								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.			
								officeholder living expense			
						Campaign Iu	ICI	eon expense			
					<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			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 Gitl/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex 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: 11/41 Rpt: 21/53		Friends of Dr. Greg Bonnen				00067893			
4	Date 03/01/2024	5	Payee name Digi World Media							
6	Amount (\$) \$4,500.00	7	Payee address; City; State 2924 Colonial Dr Dickinson, TX 77539	; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Advertising Expense	nedule)		, тх,	de of Texas. Complete Schedule T. , officeholder living expense N			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	04/05/2024		Drogin Group							
	Amount (\$) \$937.50		Payee address; City; State 6705 W Hwy 290 Suite 50281 Austin, TX 78735	; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Advertising Expense	iedule)	Check if Austin	, тх, ent	de of Texas. Complete Schedule T. . officeholder living expense tative Dr. Greg Bonnen campaign ement			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	04/12/2024		Eichler, Shera							
	Amount (\$) \$2,500.00		Payee address; City; State 3002 Bryker Dr.	; Zip Co	de					
			Austin, TX 78703							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Exp Salaries/Wa	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)	
			The Instruction Guide expla	ains ho	ow to con	nplete this form.	_		
1	Total pages Schedule F1:	2	FILER NAME				3		
	Sch: 12/41 Rpt: 22/53		Friends of Dr. Greg Bonnen	00067893					
4	Date	5	Payee name				•		
	05/15/2024		Eichler, Shera						
6	Amount (\$)	7	Payee address; City; S						
	\$9,000.00		3002 Bryker Dr.	,	·				
	,								
			Auctin TX 79702						
			Austin, TX 78703		r				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of the	is sched	dule)	(b) Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					side of Texas. Complete Schedule T. K, officeholder living expense	
						Labor expe			
9	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice souc	iht		Office held	
	expenditure to benefit C/OI	Η				, ,			
	Date		Payee name						
	04/01/2024		Elizabeth Street Cafe						
_	Amount (\$)		Payee address; City; S	state:	Zip Coo	le			
	\$247.12		1501 S 1st Street	icito,	p 000				
	ΨΖΨΤ.ΙΖ		1301 3 13: 50000						
			Austin, TX 78704						
	PURPOSE	(a)	Category (See Categories listed at the top of the	is sched	dule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense					side of Texas. Complete Schedule T.	
								c, officeholder living expense	
						Campaign I	linci	rexpense	
				0					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	Int		Office held	
	· · · · · · · · · · · · · · · ·								
	Date		Payee name						
	03/25/2024		Extra Space						
	Amount (\$)		Payee address; City; S	state;	Zip Coo	de			
	\$465.00		2631 S. Capital Of Texas Hwy						
			Austin, TX 78746						
	PURPOSE	(a)	Category (See Categories listed at the top of thi	ic cohod	dulo)	(b) Description			
	OF		Office Overhead/Rental Expense	is scried	uule)		el outs	side of Texas. Complete Schedule T.	
	EXPENDITURE							c, officeholder living expense	
						Rent for Sta	te F	Rep Dr. Bonnen's Austin Storage Unit	
L									
	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice soug	ght		Office held	
	expenditure to benefit C/OI	4							
			-						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa Imittee Legal Se	verage Expense rds/Memorials Expense	Office Ov Polling E Printing I Salaries/	verhea xpens Expens Wages	se s/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)	
	Sch: 13/41 Rpt: 23/53		Friends of Dr. Gre	g Bonnen					00067893		
4	Date 04/23/2024	5	Payee name Extra Space								
6	Amount (\$)	7	Payee address;	City; Sta	te; Zip C	ode					
	\$465.00		2631 S. Capital O Austin, TX 78746		,p _						
8	PURPOSE	(a)	Category (See Catego	pries listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/F		,		X Check if Austin	, TX,			
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office so	ught			Office he	ld	
	Date		Payee name								
	05/23/2024		Extra Space								
	Amount (\$)	-		City; Sta	te; Zip C	odo					
	\$537.00		2631 S. Capital O Austin, TX 78746		iie, Zip e	ouc					
	PURPOSE	<u> </u>				(h)	Description				
	OF	(a)	Office Overhead/F	vries listed at the top of this : Rental Expense	schedule)		X Check if Austin	, TX,			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office so	ught			Office he	eld	
-	Date		Payee name								
	06/24/2024		Extra Space								
	Amount (\$) \$537.00		Payee address; 2631 S. Capital O		te; Zip C	ode					
			Austin, TX 78746								
	PURPOSE OF EXPENDITURE	(a)	Category (See Catego Office Overhead/F	ories listed at the top of this : Rental Expense	schedule)	(b)	X Check if Austin	, TX,			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office so	ught			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		-		Office Ove Polling Ex Printing Ex Salaries/W	rheac pense (pens /ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	se
1	Total pages Cabadula F1	12	The Instruction Guide explains how to complete this form. 2 FILER NAME 3						Filer ID (Ethics Commission Fi	ilore)
1	Total pages Schedule F1: Sch: 14/41 Rpt: 24/53								Filer ID (Ethics Commission Fi 00067893	liers)
4	Date	5	Payee name							
	05/07/2024		Fed Ex							
6	Amount (\$) \$41.20	7	Payee address; City; 495 Bay Area Blvd	State	; Zip Co	de				
			Houston, TX 77058							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expen		nedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense ight letter	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	(	Office sou	ght			Office held	
	Date		Payee name							
	03/11/2024		Friendswood Chamber of Com	merce						
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$72.10		1100 South Friendswood Drive Friendswood, TX 77546							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	o of this sch	nedule)	(b)	Check if Austin,	, тх,	de of Texas. Complete Schedule T. . officeholder living expense heon expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght			Office held	
	Date		Payee name							
	03/12/2024		Friendswood Chamber of Com	merce						
	Amount (\$) \$70.00		Payee address; City; 1100 South Friendswood Drive		; Zip Co	de				
			Friendswood, TX 77546							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	o of this sch	nedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ght			Office held	

		EXPENDITURE CATEGORIES FC	R BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office O           Food/Beverage Expense         Polling E           Gift/Awards/Memorials Expense         Printing	- 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:		· · · · · · · · · · · · · · · · · · ·	Filer ID (Ethics Commission Filers)				
	Sch: 15/41 Rpt: 25/53	iends of Dr. Greg Bonnen		00067893				
4	Date	yee name						
	03/12/2024	iendswood Chamber of Commerce						
6	Amount (\$)	yee address; City; State; Zip C	ode					
	\$412.00	00 South Friendswood Drive						
		iendswood, TX 77546						
8	PURPOSE		(b) Description					
ľ	OF	tegory (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T.				
	EXPENDITURE	andidate/Officeholder/Political Committee	Check if Austin, T	X, officeholder living expense				
			Sponsorship o	f Tee Shirt for car show				
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name Office so	ught	Office held				
	Date	yee name						
	05/21/2024	endswood Chamber of Commerce						
	Amount (\$)	yee address; City; State; Zip C	ode					
	\$35.00 1100 South Friendswood Drive							
		iendswood, TX 77546						
	PURPOSE OF EXPENDITURE	tegory (See Categories listed at the top of this schedule) ood/Beverage Expense		tside of Texas. Complete Schedule T. X, officeholder living expense C <b>heon</b>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name Office so	ught	Office held				
	Date	yee name						
	06/14/2024	iendswood ISD Education Foundation						
	Amount (\$)	yee address; City; State; Zip C	ode					
	\$1,041.66	2 Laurel						
		iendswood, TX 77546	-					
	PURPOSE OF	tegory (See Categories listed at the top of this schedule)	(b) Description	toide of Toulog, Complete Cabadula T				
	EXPENDITURE	ontributions/Donations Made By andidate/Officeholder/Political Committee		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
				on to education foundation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	didate/Officeholder name Office so	ught	Office held				

				EXPENDITURE	CATEGO	RIES FOF	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee: Foo Gift/ nmittee Lega	nt Expense 3 J/Beverage Expense Awards/Memorials Ex al Services Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labo	se r	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: 16/41 Rpt: 26/53		Friends of Dr. (	Greg Bonnen					00067893	()			
4	Date 03/26/2024		Payee name Galco Solution	6									
6	Amount (\$) \$550.00		117 Country Lane League City, TX 77573										
8	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.         Check if Austin, TX, officeholder living expense       Installation of road signs for State Rep Dr. Greg Bonnen								j expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	jht		Office he	eld			
	Date		Payee name										
	04/05/2024		Galveston Cou	nty Republicar	n Party								
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de						
	\$1,000.00		1100 S Intersta League City, T										
	PURPOSE OF EXPENDITURE		Category <sub>(See Ca</sub> Contributions/E Candidate/Offic	onations Made	е Ву		Check if <i>i</i>	ravel outs Austin, TX	side of Texas. Com K, officeholder living Top Golf				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	jht		Office he	eld			
	Date		Payee name										
	05/10/2024		Galveston Farr	ily Service Cer	nter								
	Amount (\$) \$750.00		Payee address; 2200 Market S	City; t # 600	State;	; Zip Co	de						
		<u>.</u> .	Galveston, TX				<u></u>						
	PURPOSE OF EXPENDITURE		Category <sub>(See Ca</sub> Food/Beverage		top of this sch	iedule)	Check if /	ravel outs Austin, TX	ide of Texas. Com c, officeholder living er expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Dffice sou	ght		Office he	eld			

			EXPENDITURE CATEGOR	RIES 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 Legal Services The Instruction Guide explains f	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: 17/41 Rpt: 27/53		Friends of Dr. Greg Bonnen				00067893				
4	Date 04/18/2024	5	Payee name Galveston Republican Women								
6	Amount (\$)	7		Zip Co	10						
0	\$112.00		908 Layfair Place								
		Friendswood , TX 77546									
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.				
	EAFENDITORE						officeholder living expense heon Expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	05/13/2024		Galveston Republican Women								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$234.00		908 Layfair Place								
			Friendswood , TX 77546								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense er Expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H					Office held				
-	Date		Payee name								
	03/04/2024		Google Apps								
	Amount (\$) \$25.58		Payee address; City; State; 1600 Amphitheatre Parkway	Zip Co	le						
			Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		, TX	de of Texas. Complete Schedule T. , officeholder living expense * staff				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held				

	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:		Filer ID (Ethics Commission Filers)							
	Sch: 18/41 Rpt: 28/53	Friends of Dr. Greg Bonnen	00067893							
4	Date 04/02/2024	5 Payee name Google Apps								
6	Amount (\$) \$27.54	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043								
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Dr capital staff							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/02/2024	Google Apps								
	Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Office Overhead/Rental Expense       Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense Dr Capital Staff							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/03/2024	Google Apps								
	Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway								
		Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Dr Capital staff							
	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	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           y -         Gift/Awards/Memorials Expense         Printing Expense         Tr						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: 19/41 Rpt: 29/53		Friends of Dr. Greg Bonnen					00067893			
4	Date	5	Payee name								
	03/11/2024		Hank Dugie Campaign								
6	Amount (\$)	7	Payee address; City;	State; Z	ip Code	)					
	\$100.00		P.O. Box 1501								
		League City, TX 77574									
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule	_) (t	) Description					
	OF		Contributions/Donations Made By				outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political C		e	Check if Austir	ı, TX	, officeholder living expense			
						Donation to o	cam	npaign			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Offic	e sough	t		Office held			
	Date		Payee name								
	05/20/2024		Hank Dugie Campaign								
	Amount (\$)		Payee address; City;	State; Z	in Code	2					
	\$500.00		P.O. Box 1501	01010, 2	ip oout						
	φ500.00		F.O. BOX 1301								
			League City, TX 77574								
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule	<sub>e)</sub> (k	) Description					
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political C	committe	e			, officeholder living expense			
						Donation to o	cam	npaign			
	Complete ONLY if direct		Candidate/Officeholder name	Offic	e sough	it		Office held			
	expenditure to benefit C/OF										
	Date	$\left[ \right]$	Payee name								
	04/03/2024		Hartin, Brigitt								
	Amount (\$)		Payee address; City;	State; Z	ip Code	9					
	\$1,000.00		5932 Gorham Glen Ln.								
	+_,										
			Austin, TX 78739								
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule	e) (k	) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE		-				ι, TΧ	, officeholder living expense			
						Labor Costs					
	Complete ONLY if direct		Candidate/Officeholder name	Offic	e sough	ıt		Office held			
	expenditure to benefit C/OI	Н									

			EXPENDITURE CATE	EGOR	IES FOR	во	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	laine h	Office Over Polling Exp Printing Ex Salaries/W	rhead lense pense ages/	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
_		-	The Instruction Guide exp	iains n	low to cor	npie	te this form.	-				
1	Total pages Schedule F1: Sch: 20/41 Rpt: 30/53	2	FILER NAME Friends of Dr. Greg Bonnen					3	Filer ID       (Ethics Commission Filers)         00067893			
4	Date	5	Payee name									
	06/04/2024		Hartin, Brigitt									
6	Amount (\$)	7	<b>3 1 3 1</b>	State;	Zip Co	de						
	\$1,000.00	1,000.00 5932 Gorham Glen Ln.										
			Austin, TX 78739									
8	PURPOSE	(a)	Category (See Categories listed at the top of the	his sche	dule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor						de of Texas. Complete Schedule T.			
							Wages exper		officeholder living expense			
							wages exper	150				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Of	ffice souç	ght			Office held			
	Date		Payee name									
	03/04/2024		Hill Country Springs Water									
	Amount (\$)			State:	Zip Co	de						
	\$21.57		10019 S I -35 Frontage Road	o tato,	p 000							
	\$21.01											
			Austin, TX 78747									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Office Overhead/Rental Expense	his sche	dule)		Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense r Capital Office			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Of	ffice sou	ght			Office held			
	Date		Payee name									
	03/05/2024		Hill Country Springs Water									
	Amount (\$)		Payee address; City; S	State:	Zip Co	de						
	\$8.66		10019 S I -35 Frontage Road	o tato,	p 000							
	\$0.00											
			Austin, TX 78747									
	PURPOSE OF	(a)	Category (See Categories listed at the top of the Office Overbead/Pontal Exponse)	his sche	edule)	(b)	Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense					, тх,	officeholder living expense			
	Complete ONLY if direct		Candidate/Officeholder name	O	ffice sou	ght			Office held			
	expenditure to benefit C/OI	H										
-												

	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/Reimbi Fees Office Overhead/Rental I Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	ILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)									
	Sch: 21/41 Rpt: 31/53	riends of Dr. Greg Bonnen	00067893									
4	Date 04/02/2024	ayee name Iill Country Springs Water										
6	Amount (\$) \$7.58	Austin, TX 78747										
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       EXPENDITURE       Office Overhead/Rental Expense       (b) Description         Office Overhead/Rental Expense       Check if tavel outside of Texas. Complete Schedule T.         Ocheck if Austin, TX, officeholder living expense       Bottled water for capital office												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held									
	Date	ayee name										
	04/02/2024	lill Country Springs Water										
	Amount (\$) \$28.99	ayee address; City; State; Zip Code 0019 S I -35 Frontage Road ustin, TX 78747										
	PURPOSE OF EXPENDITURE		ption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense d water for capital staff									
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held									
	Date	ayee name										
	04/25/2024	lill Country Springs Water										
	Amount (\$) \$43.65	ayee address; City; State; Zip Code 0019 S I -35 Frontage Road										
		ustin, TX 78747										
	PURPOSE OF EXPENDITURE		ption tek if travel outside of Texas. Complete Schedule T. tek if Austin, TX, officeholder living expense d Water for Capital office staff									
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/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		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	<b>3</b> Filer ID (Ethics Commission Filers)									
	Sch: 22/41 Rpt: 32/53	Friends of Dr. Greg Bonnen	00067893									
4	Date 05/02/2024	5 Payee name Hill Country Springs Water										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$7.58	2.58         10019 S I -35 Frontage Road           Austin, TX 78747										
8	PURPOSE	(a) Category (a) of the transmission (b) Description										
8       PURPOSE         OF         EXPENDITURE    (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bottled Water for Capital office												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/04/2024	Hill Country Springs Water										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$7.58	10019 S I -35 Frontage Road Austin, TX 78747										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense for capital staff									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/04/2024	Hill Country Springs Water										
	Amount (\$) \$8.66	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road										
		Austin, TX 78747										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense for capital staff									
	Complete ONLY 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 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	<b>3</b> Filer ID (Ethics Commission Filers)									
	Sch: 23/41 Rpt: 33/53	Friends of Dr. Greg Bonnen	00067893									
4	Date 06/07/2024	Payee name Hill Country Springs Water										
6	Amount (\$) \$8.66	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road Austin, TX 78747										
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense er for Capital staff									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/04/2024	Hobby Lobby										
	Amount (\$) \$64.80	Payee address; City; State; Zip Code 2740 Gulf Fwy S										
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Memorial resolution									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/04/2024	Hobby Lobby										
	Amount (\$) \$66.02	Payee address; City; State; Zip Code 2740 Gulf Fwy S										
		League City, TX 77573										
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense for 4th of July parade									
	Complete ONLY 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 Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract	Expense Labor		Travel in District Travel Out of Dis	quipment & Related E		
1	Total pages Schedule F1:	2		explains				3		(Ethics Commissi	on Filore)	
L.	Sch: 24/41 Rpt: 34/53	2	Friends of Dr. Greg Bonnen					3	Filer ID 00067893	(Ethics Commissi	on Fliers)	
4	Date	5	Payee name					•				
	03/26/2024		Jason's Deli									
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de						
	\$45.41		541 W Bay Area Blvd									
			Webster, TX 77598									
_	DUDDOCE					(h) - ·						
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	nedule)	(b) Descri		outoir	la of Toylog Com	nlata Cabadula T		
	EXPENDITURE		Food/Beverage Expense						le of Texas. Comp officeholder living			
									or Dr. Bonne			
						Lunch	гехреп	501	or Dr. Donn	en meeting		
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name									
	03/26/2024		Jason's Deli									
_	Amount (\$)	-	Payee address; City;	Stato	; Zip Co	do						
	.,			State,	, zip co	ue						
	\$126.56		541 W Bay Area Blvd									
			Webster, TX 77598									
	PURPOSE	(a)				(b) Descri	ntion					
	OF	``'	Category (See Categories listed at the to Food/Beverage Expense	op of this sch	nedule)		•	outsio	le of Texas. Com	plete Schedule T.		
	EXPENDITURE		Food/Beverage Expense						officeholder living			
						Lunch	n expens	se f	or Dr. Bonn	en meeting		
							•			5		
	Complete ONLY if direct		Sandidato/Officebolder name		Offico cou	abt			Offico ho	vid		
	expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held										
		_										
	Date		Payee name									
	03/27/2024		Jimmy Fullen Campaign									
	Amount (\$)		Payee address; City;	State	; Zip Co	de						
	\$1,000.00		P.O. Box 152									
			Santa Fe, TX 77510									
	PURPOSE	(a)	Category (See Categories listed at the to	on of this ask	odulo)	(b) Descri	ntion					
	OF	<b> </b>	Contributions/Donations Made		ieuuie)		•	outsio	le of Texas. Com	plete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Politica		nittee	Che	ck if Austin,	, тх,	officeholder living	expense		
						Donat	tion to c	am	paign			
									-			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name		Office sou	nht			Office he	h		
	expenditure to benefit C/Oł			(	Since SUU	Jur			Unice He			

				EXPENDI	<b>TURE CATEGO</b>	RIES FOF	R BC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F C nmittee L	vent Expense ees ood/Beverage E Sift/Awards/Mem egal Services <b>The Instructio</b>		Office Ove Polling Ex Printing Ex Salaries/W	pense pense pens /ages	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense	
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Cor								Commission Filers)		
-	Sch: 25/41 Rpt: 35/53		Friends of D	. Greg Bon	nen					00067893	(		
4	Date	5	Payee name										
	04/11/2024		Kidz Harbor										
6	Amount (\$)	7	Payee address	s; City;	State	e; Zip Co	de						
	\$2,500.00		638 Harbor [	Dr.									
			Liverpool, TX	77577									
_	DUDDOOF						(1-)						
8	PURPOSE OF	(a)			d at the top of this sci	hedule)	(D)	Description	outei	de of Texas. Com	nloto Schor	lule T	
	EXPENDITURE		Contributions		Political Com	nittee				officeholder living			
			oundidato, o			inteoo		Annual Gala					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder nam	e	Office sou	ght			Office he	eld		
	Date		Payee name										
	02/28/2024		Kilgore Hard	ware									
	Amount (\$)		Payee address		State	e; Zip Co	de						
	\$7.57		1637 E Main		State	2, Zip Co	uc						
	Φ1.51			31									
			League City,	TX 77573									
	PURPOSE	(a)	Category (See	Categories liste	d at the top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Advertising E	Expense						de of Texas. Com		lule T.	
								Check if Austin, TX, officeholder living expense State Rep Bonnen Road Sign supplies					
								State Rep Во	ornne	en Road Sig	n suppi	ies	
			Devedidate (Office			Office cour				Office he	اما		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	enoluer nam	e	Office sou	ynt			Office he	eiu		
	Date		Payee name										
	03/12/2024		LaBrisa Rest	aurant									
	Amount (\$)		Payee address	s; City;	State	e; Zip Co	de						
	\$40.00		501 N. Wesle	ey Dr.									
			League City,										
	PURPOSE OF	(a)			d at the top of this sc	hedule)	(b)	Description					
	EXPENDITURE		Food/Bevera	ge Expens	9					de of Texas. Com		lule T.	
								Campaign lur		officeholder living			
								Sampaignia		con cypens	6		
-	Complete ONLY if direct	Ľ	Candidate/Offic	aholder nam	9	Office sou	abt			Office he	ald.		
	expenditure to benefit C/Oł						ynt			Unite fie	μu		

	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 Legal Services The Instruction Guide explains h	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: 26/41 Rpt: 36/53		Friends of Dr. Greg Bonnen				00067893						
4	Date 04/22/2024	5	Payee name LaBrisa Restaurant										
6	Amount (\$) \$29.24	7	7 Payee address; City; State; Zip Code 501 N. Wesley Dr. League City, TX 77573										
8	PURPOSE OF EXPENDITURE	OF Ecod/Beverage Expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office souç	ht		Office held						
	Date		Payee name										
	05/10/2024		LaBrisa Restaurant										
	Amount (\$) \$56.26		Payee address; City; State; 501 N. Wesley Dr. League City, TX 77573	Zip Coo	le								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	e) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Dinner expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office souç	ht		Office held						
	Date		Payee name										
	06/24/2024		LaBrisa Restaurant										
	Amount (\$) \$27.61		Payee address;City;State;501 N. Wesley Dr.	Zip Coo	le								
			League City, TX 77573										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense Pr expense						
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ht		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 Legal Services The Instruction Guide explains	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: 27/41 Rpt: 37/53		Friends of Dr. Greg Bonnen				00067893			
4	Date 06/04/2024	5	Payee name LaBrisa Restaurant							
6	Amount (\$) \$30.00	7	Payee address; City; State; 501 N. Wesley Dr. League City, TX 77573	; Zip Co	le					
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign luncheon expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	03/11/2024		League City Chamber of Commerce							
	Amount (\$) \$250.00		Payee address; City; State; 1101 W. Main League City, TX 77573	; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Fees	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense e <b>to Chamber</b>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ŋht		Office held			
	Date		Payee name							
	03/29/2024		Line Hotel Austin							
	Amount (\$) \$303.03		Payee address; City; State; 111 E Cesar Chavez St	; Zip Co	de					
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense Rep Dr. Greg Bonnen travel/meetings			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held			

			EXPEND	ITURE CATEGOR	RIES FOF	BOX 8(	a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	-		Office Ove Polling Ex Printing Ex Salaries/M	head/Renta ense pense ages/Contra	act Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filer	s)
	Sch: 28/41 Rpt: 38/53		Friends of Dr. Greg Bo	nnen					00067893		
4	Date 03/21/2024		Payee name Lupe Tortillas								
6	Amount (\$) \$125.72		Payee address; City; 891 W Bay Area Blvd Webster, TX 77598	State;	; Zip Co	le					
8	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categories list</sub> Food/Beverage Expen:		edule)		heck if travel o	, TX, (	officeholder living	plete Schedule T. expense uperintendent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Office sou	Iht			Office he	eld	
	Date		Payee name								
	06/20/2024		Lupe Tortillas								
	Amount (\$) \$120.20		Payee address; City; 891 W Bay Area Blvd Webster, TX 77598	State;	; Zip Co	le					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories list Food/Beverage Expen:		edule)		heck if travel o	, TX, (	officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Office sou	Jht			Office he	eld	
	Date		Payee name			_					
	04/05/2024		Lyda Law Firm LLC								
	Amount (\$) \$225.00		Payee address; City; 106 E. 6th St.	State;	; Zip Co	le					
			Austin, TX 78702								
	PURPOSE OF EXPENDITURE		Category (See Categories list Legal Services	ed at the top of this scho	edule)		heck if travel o heck if Austin,	, TX, (	officeholder living	plete Schedule T. expense Dr Greg Bonnen rev	iew
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Office sou	jht			Office he	eld	

			EXPENDITURE CATEGO	RIES FOR	R 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 hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
	Sch: 29/41 Rpt: 39/53		Friends of Dr. Greg Bonnen				00067893			
4	Date 06/20/2024	5	Payee name Maisel Hinson Main							
6	Amount (\$) \$94.72	7	Payee address; City; State 3810 E Broadway St, Pearland, TX 77581	e; Zip Cc	ode					
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Plant for constituent funeral</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	ght		Office held				
	Date		Payee name							
	05/28/2024		Marriott San Antonio River Center							
	Amount (\$) \$1,024.18		Payee address; City; State 101 Bowie Street San Antonio, TX 78205	e; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Travel Out of District	hedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	06/24/2024		Mary Queen Catholic Church							
	Amount (\$) \$75.00		Payee address; City; State 606 Cedarwood Dr	e; Zip Co	de					
			Friendswood, TX 77546							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Food/Beverage Expense	hedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Pr expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held			

			EXPENDITURE CATE	EGOF	RIES FOF	R BO	X 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		Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymer rhead bense pense (ages/	t/Reimbursement /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: 30/41 Rpt: 40/53		Friends of Dr. Greg Bonnen						00067893
4	Date 05/24/2024		Payee name Michelino's						
6	Amount (\$) \$128.72	7	Payee address; City; S 521 River Walk, San Antonio, TX 78205	State;	Zip Co	de			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Travel Out of District	nis sche	edule)				de of Texas. Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	03/18/2024		Momentum Academy						
	Amount (\$) \$330.69		18096 Kings Row	State;	Zip Co	de			
			Houston, TX 77058						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Contributions/Donations Made By Candidate/Officeholder/Political Co					, TX,	de of Texas. Complete Schedule T. . officeholder living expense Gala
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	04/18/2024		PayPal						
	Amount (\$) \$10.00		Payee address; City; S 3000 E. One Payment Way	State;	Zip Co	de			
			Chandler, AZ 85286						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Fees	nis sche	edule)			, TX,	de of Texas. Complete Schedule T. . officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Dffice sou	ght			Office held

				EXPEND	ITURE CATEG	ORIES FOI	R BC	DX 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/Men Legal Services	norials Expense	Office Ove Polling Ex Printing E Salaries/V	erhead kpense xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expe	
_	-	-			on Guide explain	is how to co	omple	ete this form.	-	· · · · · · · · · · · · · · · · · · ·		
1	Total pages Schedule F1: Sch: 31/41 Rpt: 41/53		FILER NAME Friends of [		nnen				3	Filer ID 00067893	(Ethics Commission	Filers)
4	Date	5	Payee name									
	03/05/2024		Picard, Fay									
6	Amount (\$)	7	Payee addre		Stat	te; Zip Co	ode					
	\$1,200.00		2885 Diamo	ond Bay Dr								
			Dickinson,	TX 77539			•					
8	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor					de of Texas. Com officeholder living		
								February labo			lexhense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder nan	ne	Office sou	l ught			Office he	eld	
	Date		Payee name									
	04/04/2024		Picard, Fay									
	Amount (\$)		Payee addre	ss; City;	Stat	te; Zip Co	ode					
	\$1,200.00		2885 Diamo	ond Bay Dr								
				-								
			Dickinson, <sup>-</sup>	TX 77539								
	PURPOSE OF	(a)	Category (S	ee Categories list	ed at the top of this s	schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor					de of Texas. Com officeholder living		
								Labor Expense		-	(expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	ceholder nan	пе	Office sou	<b>i</b> ught			Office he	eld	
	Date		Payee name									
	04/26/2024		Picard, Fay									
	Amount (\$)		Payee addre	ss; City;	Stat	te; Zip Co	ode					
	\$1,200.00		2885 Diamo	ond Bay Dr								
			Dickinson,	TX 77539								
	PURPOSE OF	(a)			ed at the top of this s	schedule)	(b)	Description	outoir	de of Texas. Com	nlata Schodulo T	
	EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor					officeholder living		
								Labor expense		5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder nan	ne	Office sou	ught			Office he	eld	

			EXPENDITURE	CATEGO	RIES FOR	вох	8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	head/Re ense pense ages/Co	Reimbursement ental Expense ontract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
-		1	The Instruction Guid	le explains	how to con	piere		_		
1	Total pages Schedule F1: Sch: 32/41 Rpt: 42/53	1	FILER NAME Friends of Dr. Greg Bonnen						Filer ID 00067893	(Ethics Commission Filers)
4	Date	5	Payee name				•			
	06/03/2024		Picard, Fay							
6	Amount (\$)	I	Payee address; City;	State;	; Zip Coc	le				
	\$1,200.00		2885 Diamond Bay Dr							
			Dickinson, TX 77539							
8	PURPOSE		Category (See Categories listed at the		nedule)	(b) D	escription			
	OF EXPENDITURE		Salaries/Wages/Contract Lab	or		Ľ	Check if Austin,	TX,	le of Texas. Com officeholder living	
						W	Vages expen	ise		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name		Office soug	ıht			Office he	eld
	Date	Γ	Payee name					_		
	06/26/2024		Picard, Fay							
	Amount (\$)	┢	Payee address; City;	State	; Zip Coc	le				
	\$1,200.00	1	2885 Diamond Bay Dr		•					
			Dickinson, TX 77539							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Salaries/Wages/Contract Lab		iedule)		_	ΤX,	le of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name		Office soug	Jht			Office he	eld
	Date	Π	Payee name							
	06/25/2024	1	Providence Outreach Ministri	ies						
	Amount (\$)	┢	Payee address; City;	State	; Zip Coc	le				
	\$1,000.00	1	PO Box 57625							
			Webster, TX 77598							
	PURPOSE		Category (See Categories listed at the		nedule)	( <b>b)</b> D	escription			
	OF EXPENDITURE		Contributions/Donations Mad		· u	Ļ	4			plete Schedule T.
			Candidate/Officeholder/Politie	cal Comm	littee	L C	L Check if Austin, Charity donat		officeholder living	expense
	Complete ONL V if direct	Ľ	Candidate/Officeholder name		Office soug	ht			Office he	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF					μIL				สน 
		_				_		_		

			EXPENDITURE CATEGO	RIES 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 Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense 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: 33/41 Rpt: 43/53		Friends of Dr. Greg Bonnen				00067893			
4	Date 03/06/2024		Payee name Randy's Smokehouse							
6	Amount (\$) \$36.56	-	Payee address; City; State; L5104 Highway 3, Webster, TX 77598	; Zip Co	le					
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign volunteer dinner expense</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held			
	Date	F	Payee name							
	03/06/2024	F	Red River Cantina							
	Amount (\$)	F	Payee address; City; State;	; Zip Co	le					
	\$1,613.03		L911 E Main St							
			Suite A							
			eague City, TX 77573							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Event Expense	edule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense relebration Dinner			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held			
	Date	F	Payee name							
	03/29/2024		Republican Party of Texas							
	Amount (\$)	F	Payee address; City; State;	; Zip Co	le					
	\$808.00		L108 Lavaca St #500	•						
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	edule)	Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense for State Convention			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ht		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 Expen nmittee Legal Services The Instruction Guide e		Office Over 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: 34/41 Rpt: 44/53		Friends of Dr. Greg Bonnen					00067893			
4	Date 03/04/2024	5	Payee name Rise Cupcakes								
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de					
-	\$39.84	[ .	907 South Friendswood	,							
	Q00.0-1										
			Suite 113								
			Friendswood, TX 77546								
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
	LAFENDITORE							, officeholder living expense			
						Campaign di	nne	er expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	03/20/2024		Rudy's BBQ								
	Amount (\$)	-	Payee address; City;	State:	Zip Co	le					
	\$725.57		21361 Gulf Freeway,	oluic,	, 20 000						
	\$725.57		21301 Guil Fleeway,								
			Webster, TX 77598								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
				concernition expense							
						Breaklast IUI	PI				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office held			
	expenditure to benefit C/OF										
	Date	Γ	Payee name								
	05/28/2024		Ruth's Chris Steak House								
	Amount (\$)	-	Payee address; City;	State.	; Zip Co	A					
	\$145.62			State,	, zip co						
	Φ145.02		600 E. Market St Grand Hyatt,								
			San Antonio, TX 78205								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District			Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						ι, TX,	, officeholder living expense			
						Staff meals					
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office held			
	expenditure to benefit C/OI	Н									
-											

			EXPENDITURE CAT	EGORIES	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 nmittee Legal Services The Instruction Guide ex	Offic Polli Prin Sala	ce Overl ing Expe iting Exp aries/Wa	ense ges/Contract Labor		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: 35/41 Rpt: 45/53	-	Friends of Dr. Greg Bonnen					00067893			
4	Date	5	Payee name								
	02/27/2024		Ryan Database & Research								
6	Amount (\$)	7	Payee address; City;	State; Zip	o Cod	e					
	\$1,500.00		P.O. Box 202675								
		Austin, TX 78720									
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	) (	b) Description					
	OF EXPENDITURE		Advertising Expense					ide of Texas. Comp			
							ı, TX	, officeholder living	expense		
						Data					
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	e soug	ht		Office he	ld		
	Date		Payee name								
	03/14/2024		SANTA FE CHAMBER OF COM	MERCE							
	Amount (\$)		Payee address; City;	State; Zip	o Cod	e					
\$20.80 12408 Texas 6											
			SANTA FE, TX 77510								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	) (	b) Description					
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Comp officeholder living			
						Check if Austin, TX, officeholder living expense Campaign Luncheon Expense					
						oumpuign E					
	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	ht		Office he	ld		
	expenditure to benefit C/Oł			000	Jooug			01100110			
_	Date										
	03/15/2024		Payee name SANTA FE CHAMBER OF COMI								
	Amount (\$)		Payee address; City;	State; Zip	5 Coa	e					
	\$150.00		12408 Texas 6								
			SANTA FE, TX 77510								
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(	b) Description					
	OF		Fees	,			outs	ide of Texas. Comp	lete Schedule T.		
	EXPENDITURE							, officeholder living			
						Membership	fee	e tor State Re	p Dr. Greg Bonnen		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office he	ld		
		1									

		EXPENDITURE CATEGOR	IES 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 Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow 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:	LER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 36/41 Rpt: 46/53	riends of Dr. Greg Bonnen		00067893						
4	Date 04/11/2024	ayee name ANTA FE CHAMBER OF COMMERC	E							
6	Amount (\$) \$20.80	ayee address; City; State; 2408 Texas 6 ANTA FE, TX 77510	Zip Code							
8	OF EXPENDITURE       Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Campaign Luncheon expense       Campaign Luncheon expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held						
	Date	ayee name								
	05/09/2024	ANTA FE CHAMBER OF COMMERC	E							
	Amount (\$)	ayee address; City; State;	Zip Code							
	\$20.80	2408 Texas 6 ANTA FE, TX 77510								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ood/Beverage Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense INCHEON EXPENSE						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held						
	Date	ayee name								
	06/13/2024	ANTA FE CHAMBER OF COMMERC	E							
	Amount (\$) \$20.80	ayee address; City; State; 2408 Texas 6	Zip Code							
		ANTA FE, TX 77510	- I							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche bod/Beverage Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense INCheon expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held						

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over 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: 37/41 Rpt: 47/53		Friends of Dr. Greg Bonnen					00067893
4	Date 06/14/2024	5	Payee name Salata					
6	Amount (\$) \$18.29		Payee address; City; 700 Baybrook Mall F-160 Friendswood, TX 77546	State;	Zip Coo	le		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the tr Food/Beverage Expense	op of this sch	edule)		η, TX,	ide of Texas. Complete Schedule T. , officeholder living expense <b>expense</b>
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	yht		Office held
	Date		Payee name					
	03/25/2024		Soulfreak Coffee					
	Amount (\$) \$294.89		Payee address; City; 512 Second St	State;	Zip Coo	de		
		<u> </u>	League City, TX 77573			<u> </u>		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Food/Beverage Expense	op of this sch	edule)	Check if Austi	ι, TX,	ide of Texas. Complete Schedule T. , officeholder living expense st for Precinct Convention
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	jht		Office held
	Date		Payee name					
	05/30/2024		Soulfreak Coffee					
	Amount (\$) \$11.56		Payee address; City; 512 Second St	State;	Zip Coo	de		
			League City, TX 77573					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the tr Food/Beverage Expense	op of this sch	edule)		η, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	yht		Office held

			EXPENDITURE	E CATEGOR	RIES 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 E Legal Services The Instruction Gui	Expense	Office Over 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					3	Filer ID (Ethics Commission Filers)			
1	Sch: 38/41 Rpt: 48/53	2	Friends of Dr. Greg Bonnen				3	00067893			
4	Date	5	Payee name								
	04/10/2024		Staples								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$43.29		19335 Gulf Freeway								
			Webster, TX 77598								
8	PURPOSE	(a)				(b) Description					
0	OF	(a)	Category (See Categories listed at the Office Overhead/Rental Exp		nedule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE			ense				, officeholder living expense			
						Office Suppli	es				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice soug	yht		Office held			
	Date		Payee name								
	05/03/2024		Staples								
	Amount (\$)	-	Payee address; City;	State	; Zip Co	10					
	\$24.20			State,	, zip coi						
	Φ24.20		19335 Gulf Freeway								
			Webster, TX 77598								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Office Overhead/Rental Exp		nedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	ן Dffice souנָ	jht		Office held			
	Date		Payee name								
	05/30/2024		TDCJ Manufacturing and Lo	gistics							
-	Amount (\$)		Payee address; City;	-	; Zip Co	le					
	\$1,655.15		P.O. Box 4013	Olule,	, 20 000						
	φ <u>1</u> ,055.15		1.0. 00/ 4013								
			Huntsville, TX 77342								
	PURPOSE OF	(a)	Category (See Categories listed at the		nedule)	(b) Description					
	EXPENDITURE		Gift/Awards/Memorials Expe	ense				ide of Texas. Complete Schedule T.			
	-							, officeholder living expense			
						Constitutiona	u al	nd Rocking Chair gifts			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	pht		Office held			
	Compenditure to benefit C/Of			<u> </u>							

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)				
<u> </u>					Guide explains	how to cor	nplete						
1	Total pages Schedule F1: Sch: 39/41 Rpt: 49/53	2		∃ Dr. Greg Bonn	ien					Filer ID 00067893	(Ethics Commission	n Filers)	
4	Date	5		-									
-	03/20/2024		Payee name Target										
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de						
	\$14.05		1801 Gulf Fwy										
			Dickinson,	TX 77539									
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	edule)	<b>(b)</b> De	escription					
	OF EXPENDITURE			head/Rental E		,				tside of Texas. Complete Schedule T.			
								4		officeholder living	expense		
							0	ffice Supplie	35				
_	Complete ONIL V if direct		Candidate/Off	ceholder name						Office he			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Jandidate/OII	cenoider name	Ĺ	Office sou	jni			Office he	20		
	Date		Payee name										
	04/26/2024	Texas Federation of Republican Women											
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de						
	\$197.92 515 Capital of Texas Highway, Suite 133												
			Austin, TX	78746									
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	edule)	<b>(b)</b> De	escription					
OF EXPENDITURE			Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.										
			Check if Austin, TX, officeholder living expense Campaign Dinner expense						expense				
							C	ampaign Dir	me	rexpense			
	Complete ONLY if direct		Candidata/Off	aahaldar nama			abt			Office he	Jd		
	expenditure to benefit C/OI		Candidate/Officeholder name Office sought Office held										
	Data	_											
	Date 06/12/2024		Payee name	ordon Founda	ation								
						7: 0							
	Amount (\$)		Payee address; City; State; Zip Code 2576 County Rd. 144										
	\$1,000.00		2576 Coun	.y Rû. 144									
			Alvin, TX 7	/551									
	PURPOSE OF	(a)			at the top of this sch	edule)	(b) De	escription					
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
			Canulualen	JIIICEIIUIUEI/F		intee		onation to cl			chpende		
										-			
-	Complete ONLY if direct	L(	Candidate/Off	ceholder name	C	Dffice sou	ght			Office he	ld		
	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 40/41 Rpt: 50/53	Friends of Dr. Greg Bonnen	00067893						
4	Date 05/01/2024	Payee name The UPS Store							
6	Amount (\$) \$3.06	Payee address; City; State; Zip Code 2323 Clear Lake City Blvd Houston, TX 77062							
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedul         Check if Austin, TX, officeholder living expense         Postage     </li> </ul>									
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/25/2024	The UPS Store							
	Amount (\$) \$3.15	Payee address; City; State; Zip Code 2323 Clear Lake City Blvd Houston, TX 77062							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)       (b) Description         Office Overhead/Rental Expense       Check if travel         Check if Austin       Check if Austin	outside of Texas. Complete Schedule T. h, TX, officeholder living expense Dackage mailed						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 03/13/2024	Payee name USPS							
	Amount (\$) \$108.00	Payee address;City;State;Zip CodeP.O. 48329505							
		Friendswood, TX 77546							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense O Box rental						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

## PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

The Instruct	tion Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/1 Rpt: 52/53					
FILER NAME		3 Filer ID (Ethics Commission Filers)					
Friends of Dr. Greg E	Bonnen	00067893					
<ul> <li>4 Date</li> <li>03/12/2024</li> <li>6 Address of person from whom investment is purchased; City; State; Zip Code</li> <li>1850 Pearland Pkwy</li> </ul>							
	Pearland, TX 77581						
	<ul> <li>7 Description of investment</li> <li>Transfer to State Rep Dr. Greg Bonnen PAC money m</li> </ul>	arket					
	8 Amount of investment (\$) 1,500,000.00						
Date 06/07/2024	Name of person from whom investment is purchased Third Coast Bank						
	Address of person from whom investment is purchased; City; State; Zip Code 1850 Pearland Pkwy						
Pearland, TX 77581							
	Description of investment Transfer funds into Money market account						
	Amount of investment (\$) 50,000.00						

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.       1 Total particular         Sch: 1/2						
2	2 FILER NAME 3 Filer II					D (Ethics Commissi	ion Filers)
	Friends of Dr. Greg Bonnen 00067					7893	
4	Date	ate 5 Name of person from whom amount is received				8 Amount (\$)	
	05/20/2024		AGI Renters Insurance				\$33.70
		6	Address of person from whom amount is received; City; State; Zip Code				
		Mayfield Village, OH 44143					
	7 Purpose for which amount is received Check if political contr					tribution returned to fi	ler
	Refund						
	Date		Name of person from whom amount is received			Amount (\$)	
	03/31/2024		Third Coast Bank				\$3,312.61
			Address of person from whom amount is received; City; State; Zip Code				
			lumble TV 77947				
			Humble, TX 77347	- 1141	1	leile stiere wet weed to die	
			Purpose for which amount is received Check if p INterest on Money Market Account	Oliti	cai cont	tribution returned to fi	ller
						<u> </u>	
	Date		Name of person from whom amount is received			Amount (\$)	¢4.061.70
	04/30/2024	04/30/2024 Third Coast Bank					\$4,961.72
		Address of person from whom amount is received; City; State; Zip Code					
			Humble, TX 77347				
			Purpose for which amount is received Check if p	oliti	cal cont	tribution returned to fi	iler
			INterest on Money Market Account				
	Date Name of person from whom amount is received					Amount (\$)	
	06/02/2024		Third Coast Bank				\$5,475.78
			Address of person from whom amount is received; City; State; Zip Code				
			Humble, TX 77347				
				oliti	cal cont	tribution returned to fi	ler
	Interest on Money Market Account						
	Date		Name of person from whom amount is received			Amount (\$)	<b>.</b>
	06/30/2024 Third Coast Bank					\$4,794.02	
	Address of person from whom amount is received; City; State; Zip Code						
			Humble, TX 77347				
		-		oliti	cal cont	I tribution returned to fi	ler
	Interest payment on money market account						
-		<u> </u>					