CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00069477		2 Total pages filed: 59
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	William T.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024
	Will	Metcalf		3011170	
4 CANDIDATE /	ADDDESS / DO DOV. ADT	/OUTE # OF	V.	710,0005	Date Hand-delivered or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT 195 Lake View Circle	/SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered of Date Positifiatived
MAILING ADDRESS	195 Lake View Circle				Receipt # Amount
Change of Address	Montgomery, TX 77356				
Onlinge of Address	Monigomery, 1x 77330				Date Processed
					Date Imaged
					Date imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER	Mrs.	Jill S.			
NAME					
	NICKNAME	LAST		SUFFIX	
		Vaughan			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	12575 Pearson Rd.				
(Residence or Business)					
(Nesidefice of Edsiriess)	Montgomery, TX 77356				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION		
TREASURER	(713) 899-9657	IL NOMBER L	LATENSION		
PHONE	(113) 033-3031				
8 REPORT					
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
	X July 15	8th day before	election \square	Exceeded modified	appointment (officeholder only) Final Report (Attach C/OH-FR)
		J our day before		reporting limit	Tima Report (Added G/OTTTR)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2024	T⊢	IROUGH	06/30/202	4
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	P	rimary	Runoff	Other
	11/05/2024	ХG	eneral	Special	
				_	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	State Representative Distr	rict 16		State Representa	ative District 16
	•			•	
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 59

13 C / OH NAME	Metcalf, William T. (T	he Honorable)	14 Filer ID (E 00069477	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without d officeholders are required to report this information	the candidate's or officel	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	X GENERAL	Texas Alliance for Life PAC							
		COMMITTEE ADDRESS							
	SPECIFIC	8000 Centre Park Drive Suite 380							
		Austin, TX 78754							
		COMMITTEE CAMPAIGN TREASURER NAME							
		Shaw, James							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
		4505 Corazon Cv							
		Round Rock, TX 78681							
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00							
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 67,222.97					
EXPENDITURE TOTALS		\$ 0.00							
		\$ 166,337.60							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 304,152.46					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		The Honor	able William T. Metca	alf					
			Candidate or Officehold						
		·							
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subscribed before me, by the said day									
of, 20, to certify which, witness my hand and seal of office.									
Signature of offi	icer administering	Printed name of officer administering	Title of officer	administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		JVLN	3 of 59		
l	ER NAN tcalf, W	ME /illiam T. (The Honorable)	19 Filer ID 00069477	(Ethics C	ommission Filers)
l		E SUBTOTALS SCHEDULE	SUB	STOTAL AMOUNT	
1.	. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				67,222.97
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	166,337.60
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/59
2	FILER NAME Metcalf, Willi	am T. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069477
4	Date 04/26/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
0	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions		
0	Fillicipal occu	pation / 300 title (See instructions)	Employer (See Instructions	5)	
	Date 02/28/2024	Full name of contributor)	-	Amount of Contribution (\$) \$10,000.00
		Houston, TX 77007			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Atmos Energy Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,000.00
		Dallas, TX 75240			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#: Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
		1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/59	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)		3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 04/26/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-2434				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_ Cammack & Strong, P.C. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/26/2024	Full name of contributor	00148031		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Centerpoint Energy Inc PAC Contributor address; City; State; Zip Code Houston, TX 77210-4567			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#: Cornerstone Government Affairs Texas PAC Contributor address; City; State; Zip Code Washington, DC 20024			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/59	
2	FILER NAME Metcalf, Will	am T. (The Honorable)		3 Filer ID (Ethics Commission F 00069477	-ilers)
4	Date 06/06/2024	 Full name of contributor		7 Amount of Contribution (\$)	1,000.00
		Washington, DC 20004			
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	ns)	
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: David L Cook Campaign Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1	1,000.00
	Principal occu	Mansfield, TX 76063 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	•	,			
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Dec PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	1,500.00
	Principal occu	Oklahoma City, OK 73102 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Timelpai occa	sauoti / oob title (oce matactions)	Employer (See Manacions	110)	
	Date 02/15/2024	Full name of contributor x out-of-state PAC (ID#: CO EDP Renewables North America LLC PAC Contributor address; City; State; Zip Code Houston, TX 77010	0452755	Amount of Contribution (\$) \$1	1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: EYE-PAC of the Texas Ophthalmological Associa Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1	1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/59	
2	FILER NAME Metcalf, Willi	iam T. (The Honorable)		3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 01/16/2024	5 Full name of contributor out-of-state PAC (ID#:_ Endris, Kip 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	Deignaignal annu	Montgomery, TX 77316	O Frankskar (Coo kratusetiana			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_Energy Transfer Partners Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_Focused Advocacy PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	T inicipal occu	pation 7 300 title (See Instructions)	Employer (See manucuons			
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Grace & McEwan Consulting LLC PAC Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc State PAC Contributor address; City; State; Zip Code Houston, TX 77077			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/59	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069477	
4	Date 05/15/2024	 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$50.	00
8	Principal occu	Montgomery, TX 77356	(See Instructions)	
•	Retired	pation / Job title (See Instructions) 9 Employer (Retired	(See Instructions)	
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: Houston Apartment Association PAC Contributor address; City; State; Zip Code) Amount of Contribution (\$) \$1,000.	00
	Principal occu	Houston, TX 77041 pation / Job title (See Instructions) Employer ((See Instructions)	
	Timopal occa	Employer ((See managaris)	
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: Houston Police Officers' Union Contributor address; City; State; Zip Code) Amount of Contribution (\$) \$1,500.	00
		Houston, TX 77007-7730		
	Principal occu	pation / Job title (See Instructions) Employer ((See Instructions)	
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#: Husch Blackwell LLP Contributor address; City; State; Zip Code Saint Louis, MO 63105) Amount of Contribution (\$) \$500.	—
	Principal occu	pation / Job title (See Instructions) Employer ((See Instructions)	
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#: Husch Blackwell Strategies Contributor address; City; State; Zip Code Jefferson City, MO 65101) Amount of Contribution (\$) \$500.	00
	Principal occu	pation / Job title (See Instructions) Employer ((See Instructions)	
		1		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/59	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)		3	Filer ID (Ethics Commission 00069477	n Filers)
4	Date 04/26/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	Dringing Loon	Austin, TX 78701	0 Employer (Coo Instructionary			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID# Jeri, Brooks Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77254	1	Ļ		
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions One World Fund	s)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID# Keffer, James Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$500.00
		Eastland, TX 76448				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Keffer Konsulting LLC	s)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID# Lanagan, Lindsay Contributor address; City; State; Zip Code Houston, TX 77009	#:) 		Amount of Contribution (\$)	\$500.00
	Principal occu Vice Preside	pation / Job title (See Instructions)	Employer (See Instructions Legacy Community Hea			
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID# Leman, Ben Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/59	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)		3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 02/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77010				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Mann, Reagan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringinal occu	Montgomery, TX 77356	Employer (See Instructions	<u></u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions Eyeland	>)		
	Date 06/06/2024				Amount of Contribution (\$)	\$500.00
	<u> </u>	Richmond, VA 23219		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_Miller, Robert Contributor address; City; State; Zip Code Dallas, TX 77099			Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Locke Lord LLP	<u> </u> S)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/59	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		am T. (The Honorable)				00069477	
4	Date 02/21/2024	 Full name of contributor out-of Munoz, Lindsay Contributor address; City; State; Zip C 	f-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77027					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Consulting			Whitmire & Munoz LLC			
_	Date	Full name of contributor out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2024	NRG Energy PAC					\$2,000.00
		Contributor address; City; State; Zip C	 Code				
		, , , , , , , , , , , , , , , , , , ,					
		Princeton, NJ 08540-6213					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	06/06/2024	Northshore Republican Women P	AC				\$3,500.00
		Contributor address; City; State; Zip C	Code				
		Willis, TX 77378-0524					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor X out-of	f-state PAC (ID#: C00	039321)		Amount of Contribution (\$)	
	02/02/2024	Pepsico, Inc. Concerned Citizens	Fund				\$1,000.00
		Contributor address; City; State; Zip C	Code				
		Purchase, NY 10577					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor ut-o	f-state PAC (ID#:			Amount of Contribution (\$)	
	02/28/2024	Perdue, Brandon, Fielder, Collins,	& Mott LLP				\$1,000.00
		Contributor address; City; State; Zip C	Code				
		Lubbock, TX 79408-0817					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/59	
2	FILER NAME	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	on Filers)
_		· · · · · · · · · · · · · · · · · · ·		,	_		
4 Date 02/02/2024		5 Full name of contributorSpigener, Jim6 Contributor address; City; St	out-of-state PAC (ID#:_		ľ	Amount of Contribution (\$)	\$1,000.00
		Magnolia, TX 77354					
8		pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Chief Client	Officer		DEKRA North America			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/26/2024	Texas Apartment Associa	tion PAC				\$2,500.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78701-1951					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/26/2024	02/26/2024 Texas BOMA PAC					\$500.00
		Contributor address; City; Si	ate; Zip Code				
		Leander, TX 78646					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	02/15/2024	Texas Deer Association F	PAC				\$1,500.00
		Contributor address; City; Si	ate; Zip Code				
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/02/2024	Texas Optometric PAC	_				\$1,000.00
		Contributor address; City; Si	ate; Zip Code				
		Austin, TX 78705					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		, (000	,		,		
_							

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/59	
2	FILER NAME Metcalf, Will	iam T. (The Honorable)		3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 04/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Rural Water PAC 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$500.00	
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$)	\$2,500.00	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date Full name of contributor out-of-state PAC (ID#:) The American Electric Power Company Texas Committee for Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Columbus, OH 43215 pation / Job title (See Instructions)	Employer (See Instructions)		
		,		<u></u>		
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_ The Independent Insurance Agents of Texas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/28/2024	Full name of contributor X out-of-state PAC (ID#: C UnitedHealth Group Inc PAC Contributor address; City; State; Zip Code Washington, DC 20004	000274431)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/59	
FILER NAME Metcalf, Will		3 Filer ID (Ethics Commission Filers) 00069477	
Date 04/12/2024	Welbes, Timothy	7 Amount of Contribution (\$) \$1,022.97	
	The Woodlands, TX 77381 upation / Job title (See Instructions)	9 Employer (See Instructions	
President		The Woodlands Develo	opment Company
Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,000.00	
<u> </u>	Austin, TX 78701	5 1 (0 1 1 1	
Principal occu	ipation / Job title (See Instructions)	ns)	
03/12/2024	Zachry Corporation PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$500.00
Principal occu	San Antonio, TX 78265 upation / Job title (See Instructions)	Employer (See Instructions	ns)
	The Instru FILER NAME Metcalf, Will Date 04/12/2024 Principal occu President Date 04/26/2024 Principal occu Date 03/12/2024	The Instruction Guide explains how to complete this form of the Instruction Guide explains how to complete this form of the Instruction Guide explains how to complete this form of the Instruction Guide explains how to complete this form of the Instruction Guide explains T. (The Honorable) Date	Metcalf, William T. (The Honorable) Date

SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/45 Rpt: 15/59	2 FILER NAME Metcalf, William T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069477
4 Date	5 Payee name
06/04/2024	Alders, Daniel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 8907
	Tylor TV 75711
	Tyler, TX 75711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZIIZII GILZ	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
D-4-	
Date	Payee name
01/27/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$16.25	410 Terry Ave N
¥	
	Seattle, WA 98109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign office supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
02/27/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$16.25	410 Terry Ave N
	Seattle, WA 98109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Campaign office supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
	Sch: 2/45 Rpt: 16/59	Metcalf, William T. (The Honorable) 00069477						
4	Date	5 Payee name						
	03/27/2024	Amazon						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$16.25	410 Terry Ave N						
		Seattle, WA 98109						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense Campaign office supplies							
		Sampagn onice supplies						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/O							
_								
	Date	Payee name						
	03/14/2024	Amazon						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$21.64	410 Terry Ave N						
		Seattle, WA 98109						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Certificate folders for essay contest award						
		Certificate folders for essay contest award						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	04/28/2024	Amazon						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$16.25	410 Terry Ave N						
		Seattle, WA 98109						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Campaign office supplies						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experialiture to benefit C/Oi	'						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/45 Rpt: 17/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	05/27/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.25	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign office supplies
		Campaign onice supplies
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.25	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign office supplies
		Campaign onice supplies
_	Opening the ONII Wife discort	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.20	PO Box 84314
		Baton Rouge, LA 70884
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign processing fees
	Operation ONE VIII II	Open Highest (Office health an arms)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 4/45 Rpt: 18/59	2 FILER NAME Metcalf, William T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069477						
4	Date 02/08/2024	5 Payee name Anedot	_					
6	Amount (\$) \$19.80	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign processing fees						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date 02/21/2024	Payee name Anedot						
	Amount (\$) \$19.80	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign processing fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date 02/21/2024	Payee name Anedot						
	Amount (\$) \$19.80	Payee address; City; State; Zip Code PO Box 84314						
		Baton Rouge, LA 70884						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign processing fees						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		<u>.</u>
1	Total pages Schedule F1: Sch: 5/45 Rpt: 19/59	2 FILER NAME Metcalf, William T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069477
4	Date	5 Payee name
	05/15/2024	Anedot
6	Amount (\$) \$2.25	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	Angelia Orr Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	214 E. Elm Street
	DUDDOG	Hillsboro, TX 76645
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2024	Bell For Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO BOX 1178
		FORNEY, TX 75126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-A LIDITOIL	Candidate/Officeholder/Political Committee
		Campaign contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Ļ	Sch: 6/45 Rpt: 20/59	Metcalf, William T. (The Honorable) 00069477						
4	Date 02/08/2024	5 Payee name Bentwater Yacht & Country Club						
<u>ــ</u>	Amount (\$)	7 Payee address; City; State; Zip Code						
ľ	\$25.00	800 Bentwater Dr						
	420.00							
		Montgomery, TX 77356						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Campaign monthly member luncheon - North						
		Republican Women						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
Г	Date	Payee name						
	06/06/2024	Bentwater Yacht & Country Club						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$30.00	800 Bentwater Dr						
		Montgomery, TX 77356						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign monthly member luncheon						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
L	expenditure to benefit C/OI	1						
	Date	Payee name						
	01/17/2024	Better Bookkeepers, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$357.50	19221 I-45 South						
		Ste 300						
L		The Woodlands, TX 77385						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign accounting service						
L								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
L	experiulture to beliefit C/OI	1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	-)
1	Total pages Schedule F1: Sch: 7/45 Rpt: 21/59	2 FILER NAME Metcalf, William T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069477	o)
4	Date	5 Payee name	
	02/12/2024	Better Bookkeepers, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,868.75	19221 I-45 South	
		Ste 300	
		The Woodlands, TX 77385	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign accounting service	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/14/2024	Better Bookkeepers, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	19221 I-45 South	
		Ste 300	
		The Woodlands, TX 77385	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Campaign accounting service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/08/2024	Better Bookkeepers, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$552.50	19221 I-45 South	
		Ste 300	
		The Woodlands, TX 77385	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign accounting service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made B

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/45 Rpt: 22/59	Metcalf, William T. (The Honorable) 00069477
4 Date	5 Payee name
04/15/2024	Better Bookkeepers, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$406.25	19221 I-45 South
	Ste 300
	The Woodlands, TX 77385
8 PURPOSE	
OF	, <u> </u>
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign accounting service
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/15/2024	Better Bookkeepers, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$552.50	19221 I-45 South
Ψ002.00	
	Ste 300
	The Woodlands, TX 77385
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign accounting service
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2024	Better Bookkeepers, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	19221 I-45 South
	Ste 300
	The Woodlands, TX 77385
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxos, Complete Schedule T
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign accounting service
	Sampaigh accounting screwe
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			_egal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter	a category not listed	d above)
	Credit Card Payment		The Instruction G	uide explain	s how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 9/45 Rpt: 23/59		Metcalf, Willi	iam T. (The Ho	onorable)					00069477		
4	Date	5	Payee name									
	01/19/2024		Braun's Eng	raving								
6	Amount (\$)	7	Payee addres	s; City;	Stat	te; Zip Co	de					
	\$47.60		810 W Davis									
			Conroe, TX	77301								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)		e Categories listed at Memorials Exp		chedule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		OnuAwarusi	Memoriais Ex	Jense					officeholder livin	•	
								Engraving ex	per	nse		
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	4										
	Date		Payee name									
	02/07/2024		Briscoe Cain	Campaign								
	Amount (\$)		Payee addres	s; City;	Stat	te; Zip Co	de					
	\$2,000.00		PO Box 7									
			Deer Park, T	X 77536								
	PURPOSE	(a)	Category	e Categories listed at	the ten of this o	(مارياه مطور	(b)	Description				
	OF	``		s/Donations M		criedule)	()		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			fficeholder/Po	,	mittee		Check if Austin,	, TX,	officeholder livin	ig expense	
								Campaign contribution				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name		Office sou	ght			Office h	ield	
	experialture to beliefit C/Or	1										
	Date		Payee name									
	06/12/2024		Buckley, Bra	ıd (Dr.)								
	Amount (\$)		Payee addres	s; City;	Stat	te; Zip Co	de					
	\$1,000.00		P.O. Box 29	10								
			Austin, TX 7	8768								
	PURPOSE	(a)	Category (Ser	e Categories listed at	the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Contributions	s/Donations M	ade By						nplete Schedule T.	
	EXI ENDITORE		Candidate/O	fficeholder/Po	litical Com	mittee		ш		officeholder livin	ig expense	
								Campaign co	ntri	ibution		
_	Complete ONII V if allowers	Ļ	Condidate (Off.	obolder e		Office	ماد،			O#: !	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eriolaer name		Office sou	gnt			Office h	ieia	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:						3 File		(Ethics Commiss	ion Filers)
	Sch: 10/45 Rpt: 24/59		am T. (The Hond	orable)			000	069477		
4	Date	Payee name								
Ļ	03/27/2024	Canva								
6	Amount (\$) \$65.00	Payee address 200 East 6th	-	State; Zip C	ode					
	Φ05.00	Ste 200	Sileet							
		Austin, TX 78	8701							
8	PURPOSE				(h)	N December 1				
0	OF		e Categories listed at the ead/Rental Expe		(6)	Description Check if travel o	utside of	Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin,				
						Campaign gra	aphic d	lesign su	ubscription	
_	Commists ONII V if direct	Canadidata/Offic	- la a lala y ya a ya a	O#:				Office les	- l d	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	enoider name	Office so	ugnt			Office he	ela	
_	Data									
	Date 02/03/2024	Payee name Carter's Flori	ct							
	Amount (\$)	Payee address		State; Zip C	ode					
	\$113.67	1416 S Frazi		State, Zip C	oue					
	Ψ110.07	1410 01 1021	ci ot							
		Conroe, TX 7	77301							
	PURPOSE	Category (See	Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Gift/Awards/I	Memorials Exper	nse		—			plete Schedule T.	
			Check if Austin, TX, officeholder living expense Memorial flowers for constituent funeral							
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught	<u> </u>		Office he	eld	
	expenditure to benefit C/O									
	Date	Payee name								
	02/27/2024	Carter's Flori	st							
	Amount (\$)	Payee address		State; Zip C	ode					
	\$113.67	1416 S Frazi	er St							
		Conroe, TX 7	77301							
	PURPOSE OF		Categories listed at the		(b)	Description Check if travel o	utside of	Tavas Com	iplete Schedule T.	
	EXPENDITURE	GIII/AWarus/i	Memorials Exper	ise		Check if Austin,				
						Memorial flow	ers fo	r constitu	uent funeral	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office so	ught	<u> </u>		Office he	eld	
	experientale to beliefft C/Of									

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 11/45 Rpt: 25/59	2 FILER NAME Metcalf, William T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069477
4	Date	5 Payee name
	03/03/2024	Carter's Florist
6	Amount (\$) \$113.67	7 Payee address; City; State; Zip Code 1416 S Frazier St
		Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Memorial flowers for constituent funeral
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	Cole Hefner
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	115 W. 1st Street
		Mount Pleasant, TX 75455
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2024	Conroe Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	505 W Davis ST
	,	
		Conroe, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Chamber lunch
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/45 Rpt: 26/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/11/2024	Conroe/Lake Conroe Chamber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	505 W Davis St
L		Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Avetic TV officeholdes hide greeness
		Candidate/Officeholder/Political Committee
		Loboteriest sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
┢	Date	Payee name
	01/08/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.43	1601 Trapelo Road
		Waltham, ME 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly subscription for e-newsletter platform
		Monthly Subscription for e-newsietter platform
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/08/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.43	1601 Trapelo Road
	Ψ00.40	1001 Hapolo Roda
		Waltham, ME 02451
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly subscription for e-newsletter platform
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/OI	<u> </u>
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	,
	Sch: 13/45 Rpt: 27/59	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	
L	03/08/2024	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.43	1601 Trapelo Road	
		Waltham, ME 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Monthly subscription for e-newsletter platform	
Ļ			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiantare to benefit Great		
	Date	Payee name	
	04/08/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.43	1601 Trapelo Road	
		Waltham, ME 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Monthly subscription for e-newsletter platform	
		Worlding Subscription for e-newsietter platform	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨	Data	Davida marria	_
	Date 05/09/2024	Payee name Constant Contact	
	05/08/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.43	1601 Trapelo Road	
		Waltham, ME 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense Monthly subscription for e-newsletter platform	
		ivioriting subscription for e-newsietter platform	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/45 Rpt: 28/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/08/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.43	1601 Trapelo Road
		Waltham, ME 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly subscription for e-newsletter platform
		montally subscription to to newscater platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	B
	Date	Payee name
	01/30/2024	Dade Phelan Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$25,000.00	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	Em Eme.	Candidate/Officeholder/Political Committee Campaign contribution
		Campaign contribution
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/08/2024	Deshazo, Anna
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	7104 Hardy Drive
		Unit A
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Employee bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	л

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
•	Sch: 15/45 Rpt: 29/59	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	
	04/15/2024	FedEx	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$47.55	1304 W Davis St	
		Suite I	
		Conroe, TX 77304	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Printed campaign materials	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/16/2024	Goldman, Craig	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 100039	
		Fort Worth, TX 76185	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Campaign contribution	
		Campaign contribution	
_	Complete ONLY if direct	Constitute / Office helder mores Office accords	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/02/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.77	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Campaign cloud storage	
		Sampaigh cloud storage	
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/45 Rpt: 30/59	Metcalf, William T. (The Honorable)	00069477
4		5 Payee name	
L	02/01/2024	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$44.77	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
_	PURPOSE		
8	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	escription Theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ca	ampaign cloud storage
Ļ	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	Data		
	Date 03/02/2024	Payee name Google	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.77	1600 Amphitheatre Parkway	
	Ψ-τ.11	1000 / implimitation arkway	
		Mountain View, CA 94043	
┝	PURPOSE		escription
l	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ca	ampaign cloud storage
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	C60 1.612
F	Date	Payee name	
	04/01/2024	Google	
┢	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.94	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l] Check if Austin, TX, officeholder living expense ampaign cloud storage
			ampaign oloud storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/45 Rpt: 31/59	Metcalf, William T. (The Honorable)	00069477
4	Date	5 Payee name	•
	05/02/2024	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.78	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Campaign cloud storage
			Campaign Goda Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		
Г	Date	Payee name	
	06/01/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.40	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign cloud storage
			campaign cloud cloudge
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/14/2024	Harland Clarke	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$220.58	15955 La Cantera Pkwy	
		San Antonio, TX 78256	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Checks for campaign
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/45 Rpt: 32/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	03/01/2024	Hyatt Shared Service Center
6	Amount (\$) \$5,074.22	7 Payee address; City; State; Zip Code 3201 N Frazier St
		Conroe, TX 77303
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense October fundraiser venue fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2024	Hyatt Shared Service Center
	Amount (\$) \$7,611.33	Payee address; City; State; Zip Code 3201 N Frazier St
		Conroe, TX 77303
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense October fundraiser venue fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2024	Hyatt Shared Service Center
	Amount (\$) \$7,611.33	Payee address; City; State; Zip Code 3201 N Frazier St
		Conroe, TX 77303
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense October fundraiser venue fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/45 Rpt: 33/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	03/15/2024	Inman, Dale
_		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	411 S Rivershire
		Conroe, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		SD4 Convention donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/01	'
	Date	Payee name
	02/08/2024	Jacey Jetton Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	22333 Grand Corner Dr
		Ste. 151
		Katy, TX 77494
	DUDDOGE	- Land
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	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
		Campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payeo namo
	02/08/2024	Payee name Kitzman for Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	One East Main
		Suite 202
		Bellville, TX 77418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORL	Candidate/Officeholder/Political Committee
		Campaign contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/45 Rpt: 34/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	02/06/2024	Kronda Thimesch Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	1301 Justin Road
		Suite 201-310
		Lewisville, TX 75077
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign continuation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/31/2024	Lake Conroe Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	PO Box 737
		Montgomery, TX 77356
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
		mentally landreen rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/14/2024	Lake Conroe Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 737
		Montgomery, TX 77356
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Full page yearbook advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 21/45 Rpt: 35/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	03/29/2024	Lake Conroe Area Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 737
		Montgomery, TX 77356
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Fundraiser sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	03/12/2024	Lake Conroe Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	PO Box 737
		Montgomery, TX 77356
	DUDDOCE	(6) 5
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
H	Date	Payee name
	04/11/2024	Lake Conroe Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	PO Box 737
	Ψ-10.00	
		Montgomony TV 772EG
		Montgomery, TX 77356
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 22/45 Rpt: 36/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	05/21/2024	Lake Conroe Area Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,350.00	PO Box 737
		Montgomery, TX 77356
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Donated to local nonprofit fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/09/2024	Lake Conroe Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	PO Box 737
	, , , , ,	
		Montgomery, TX 77356
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	03/27/2024	Legislative Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	807 Brazos St
	•	#714
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Email Distribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experionality to benefit C/O	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/45 Rpt: 37/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/26/2024	Liberty Belles Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	73 Greenbriar Drive
		Conroe, TX 77304
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		T unutuiset sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/12/2024	Liberty Belles Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	73 Greenbriar Drive
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2024	Liberty Belles Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	73 Greenbriar Drive
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	CAPETIGITATE TO DELIETT C/OI	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 24/45 Rpt: 38/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	05/02/2024	Liberty Belles Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	73 Greenbriar Drive
		Conroe, TX 77304
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/26/2024	LifeFirst
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 115
	42,000.00	
		Magnolia, TX 77353
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/22/2024	Luttrell, Morgan
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	18230 FM 1488
	, –, -, -, -, -, -, -, -, -, -, -, -, -, -,	Suite 308
		Magnolia, TX 77354
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to	Ŭ	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/45 Rpt: 39/59	Metcalf, William T. (The Honorable)		00069477
4	Date	5 Payee name		•
	01/06/2024	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip (Code	
	\$41.57	675 Ponce de Leon Ave NE		
		Suite 5000		
		Atlanta, GA 30308		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign email platform
				h. 6 h
9	Complete ONLY if direct	Candidate/Officeholder name Office s	ught	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	02/06/2024	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip (Code	
	\$41.57	675 Ponce de Leon Ave NE		
		Suite 5000		
		Atlanta, GA 30308		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	ZAI ZAISTONZ			Check if Austin, TX, officeholder living expense Campaign email platform
				Campaign email platform
⊢	Complete ONLY if direct	Candidate/Officeholder name Office so	 ouaht	Office held
	expenditure to benefit C/OI		. 3	
H	Date	Payee name		
	03/06/2024	Mailchimp		
┢	Amount (\$)	Payee address; City; State; Zip (Code	
	\$41.57	675 Ponce de Leon Ave NE		
		Suite 5000		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Campaign email platform
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	Juaht	Office held
	expenditure to benefit C/OI		Jagrit	Office Held
\vdash				

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 26/45 Rpt: 40/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	04/06/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.57	675 Ponce de Leon Ave NE
		Suite 5000
8	DUDDOCE	Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign email platform
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.57	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign email platform
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/07/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.57	675 Ponce de Leon Ave NE
		Suite 5000
L		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign email platform
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Condidate/Officeholder/Political Committee Campaign contribution		Credit Card Payment	The Instruction Guide explains how to complete this form.
Sch: 27/45 Rpt: 41/59 Metcalf, William T. (The Honorable) 00069477 4 Date	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Matt Shaheen Campaign			
Matt Shaheen Campaign	4	Date	5 Payee name
S2,000.00 P.O. Box 2910 Room E1.320 Austin, TX 78768		02/12/2024	
Room E1.320 Austin, TX 78768 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee (b) Description Candidate/Officeholder iname Candidate/Officeholder/Political Committee (c) Description Candidate/Officeholder name C5/24/2024 Amount (s) Payee name McCarthy, Lauren Amount (s) Payee address; City; State; Zip Code Austin, TX 78703 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Date Ospiete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office holder services Complete ONLY if direct expenditure to benefit C/OH Date OSPIED CONTRACT Labor Date OSPIED CONTRACT Labor Date OSPIED CONTRACT Labor Date OSPIED CONTRACT Labor Contract Labor To campaign/Officeholder services Contract Labor To campaign/Officeholder To campaign/Officeholder To campaign/Officeholder To campaign/Officeholder To camp	6	Amount (\$)	7 Payee address; City; State; Zip Code
Austin, TX 78768 8 PURPOSE EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee 9 Complete ONLY if direct expenditure to benefit C/OH Date OS/24/2024 Amount (8) Payee name McCarthy, Lauren OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder name Office sought Office held Payee datives; City; State; Zip Code 1610 Waterston Ave Apt 7 Austin, TX 78703 PURPOSE (a) Category (see Categories listed at the top of this schedule) Correct if austin, TX, difficeholder living expense Contract Labor Office held Complete ONLY if direct expenditure to benefit C/OH Date OS/08/2024 Amount (\$) Payee name Office sought Officeholder name Office sought Officeholder services Complete ONLY if direct expenditure to benefit C/OH Date OS/08/2024 Amount (\$) Payee name Office sought Officeholder name Office held Payee address; City; State; Zip Code 1501 N Frazier St Connoe, TX 77301 PURPOSE (a) Category (see Categories listed at the top of this schedule) Office held Office held (b) Description Officeholder for campaign/officeholder services Office held (b) Description Officeholder for campaign/officeholder services Contract labor for campaign/officeholder services Contract labor, TX, difficeholder fiving expense Contract labor Office held Payee address; City; State; Zip Code 1501 N Frazier St Connoe, TX 77301 PURPOSE (a) Category (see Categories listed at the top of this schedule) Officeholder inving expense Pastor's Council Breakfast Complete QNLY if direct Candidate/Officeholder name Office sought Officeholder living expense Pastor's Council Breakfast		\$2,000.00	P.O. Box 2910
Purpose OF EXPENDITURE			Room E1.320
Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder inwing expense Campaign contribution			Austin, TX 78768
Contribution Cont	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
Candidate/Officeholder/Political Committee Campaign contribution			Contributions/Donations wade by
9 Complete ONLY if direct expenditure to benefit C/OH Date			
Date 05/24/2024 Amount (\$) Payee address; City; State; Zip Code 1610 Waterston Ave Apt 7 Austin, TX 78703 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Contract labor for campaign/officeholder living expense Contract labor for campaign/officeholder services Complete ONLY if direct expenditure to benefit C/OH Date 05/08/2024 Amount (\$) Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code 1501 N Frazier St Conroe, TX 77301 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Campaign contribution
Date 05/24/2024 Amount (\$) Payee address; City; State; Zip Code 1610 Waterston Ave Apt 7 Austin, TX 78703 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Contract labor for campaign/officeholder living expense Contract labor for campaign/officeholder services Complete ONLY if direct expenditure to benefit C/OH Date 05/08/2024 Amount (\$) Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code 1501 N Frazier St Conroe, TX 77301 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Amount (\$)			
Amount (\$) Payee address; City; State; Zip Code \$1,540.00 \$1,540.00 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete QNLY if direct expenditure to benefit C/OH Date 05/08/2024 Amount (\$) Payee name 05/08/2024 Amount (\$) Payee address; City; State; Zip Code Candidate/Officeholder name Office sought Office held Office held Date 05/08/2024 Amount (\$) Payee address; City; State; Zip Code 1501 N Frazier St Conroe, TX 77301 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Conroe, TX 77301 PURPOSE OF EXPENDITURE (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pastor's Council Breakfast Office held	F	Date	Payee name
\$1,540.00 Salaries Apt 7		05/24/2024	
Apt 7 Austin, TX 78703 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services Complete ONLY if direct expenditure to benefit C/OH Date O5/08/2024 Amount (\$) Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code 1501 N Frazier St Conroe, TX 77301 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Н	Amount (\$)	Payee address; City; State; Zip Code
Austin, TX 78703 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services Complete ONLY if direct expenditure to benefit C/OH Date 05/08/2024 Amount (\$) Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code 1501 N Frazier St Conroe, TX 77301 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$1,540.00	1610 Waterston Ave
Austin, TX 78703 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services Complete ONLY if direct expenditure to benefit C/OH Date 05/08/2024 Amount (\$) Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code 1501 N Frazier St Conroe, TX 77301 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Apt 7
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date 05/08/2024 Amount (\$) Payee address; City; State; Zip Code \$194.63 Payee address; City; State; Zip Code \$194.63 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services Complete ONLY if direct expenditure to benefit C/OH Date Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code \$194.63 Salaries/Wages/Contract Labor Conroe, TX 77301 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE Complete ONLY if direct Candidate/Officeholder name Office sought Office hold	H	PURPOSE	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code \$194.63 1501 N Frazier St Conroe, TX 77301 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austin, TX, officeholder living expense Controe (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Complete ONLY if direct expenditure to benefit C/OH Date		EXPENDITURE	Check if Austin, TX, officeholder living expense
Date 05/08/2024 Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code \$194.63 \$194.63 Conroe, TX 77301 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 Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Contract labor for campaign/officeholder services
Date 05/08/2024 Payee name McKenzie's Barbeque & Burgers Conroe Amount (\$) Payee address; City; State; Zip Code \$194.63 \$194.63 Conroe, TX 77301 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 Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held	L	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
McKenzie's Barbeque & Burgers Conroe Amount (\$)		·	
McKenzie's Barbeque & Burgers Conroe Amount (\$)	⊨	Date	Payros namo
Amount (\$) Payee address; City; State; Zip Code 1501 N Frazier St Conroe, TX 77301 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 Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
\$194.63	H		
Conroe, TX 77301 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 Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
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 Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Ψ10-1.00	1001 Wildelet of
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 Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Conroe, TX 77301
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pastor's Council Breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held	┝	PURPOSE	<u> </u>
Complete ONLY if direct Candidate/Officeholder name Check if Austin, TX, officeholder living expense Pastor's Council Breakfast Office sought Office held		OF	, <u> </u>
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	
			Pastor's Council Breakfast
	L		
<u> </u>			· · · · · · · · · · · · · · · · · · ·
	L	p = 1 2 2 2 2 3 3 3 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	
	L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		Salaries/Wa		e /Contract Labor		OTHER (enter	a category not listed above)	
	Creak Gard F dyment			The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 28/45 Rpt: 42/59		Metcalf, Will	liam T. (The Hoi	norable)					00069477		
4	Date	5	Payee name									
	01/31/2024			/ Area Chamber	of Commerc	e						
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$25.00		21325 Eva S	Street Hwy 105								
			Ste 7									
			Montgomery	, TX 77356								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this schedu	ıle)	(b)	Description				
	OF	``	Fees	e oategories noted at a	ie top of this serieud			`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							—		officeholder livin		
								Luncheon car	mp	aign memb	ership	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ice soug	ght			Office h	eld	
	experiulture to beliefit C/Oi											
	Date		Payee name									
	03/01/2024		Montgomery	/ County Associ	ation of Busin	ness W	om/	ien				
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$250.00		13921 Hwy	105 West								
			Suite 130									
			Conroe, TX	77304								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this schedu	ıle)	(b)	Description				
	OF	` `		s/Donations Ma				`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Candidate/C	Officeholder/Poli	tical Ćommitte	ee		—		officeholder livin	g expense	
								Scholarship s	spo	nsor		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offic	ice soug	ght			Office h	eld	
	Date		Payee name									
	04/28/2024		Montgomery	/ County Fair As	ssociation							
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$250.00		9201 Airpor	t Road								
			Conroe, TX	77303								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Fees								nplete Schedule T.	
	ZA ZIIDII GIAZ							_		officeholder livin		
								Auction buyer	ıre	yısıralıon fe	et	
_	Complete ONLY if divert	Ļ	Candidata/O#	achaldar nama	C#:	ioo corre	nh+			Office b	old	
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/45 Rpt: 43/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	05/31/2024	Montgomery County Fair Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,800.00	9201 Airport Road
		Conroe, TX 77303
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Non-Livestock and Livestock Auction Donations
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/09/2024	Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.00	PO Box 1766
		Conroe, TX 77305
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2024	Montgomery High School Football
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	22825 TX-105
		Montgomery, TX 77356
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Banner sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	o

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/45 Rpt: 44/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	03/28/2024	Montgomery ISD Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	20774 Eva St
		Montgomery, TX 77356
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Campus table sponsor
		Campus table sponsor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	02/29/2024	Newell, Anna
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,050.00	4922 Finley Dr
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services
		Contract labor for campaign/onicenoider services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	02/03/2024	North Shore Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	PO Box 524
		Willis, TX 77378
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign membership dues
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- p	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 31/45 Rpt: 45/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	04/13/2024	North Shore Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 524
		Willis, TX 77378
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Turidisci Sporisoisiip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	03/09/2024	Office Depot
_	Amount (\$)	Payee address; City; State; Zip Code
	\$47.73	1319 W Davis St
	φ41.13	1313 W Davis 3t
		Conros TV 77204
		Conroe, TX 77304
	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/21/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.13	1319 W Davis St
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		District office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment			egal Services	Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict a category not liste	d above)
	Credit Card Payment		Т	he Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 32/45 Rpt: 46/59		Metcalf, Willia	am T. (The Ho	norable)					00069477		
4	Date	5	Payee name									
	01/31/2024		Protect & Ser	ve Texas PAC								
6	Amount (\$)	7	Payee address	; City;	State;	Zip Co	de					
	\$32,000.00		211 E 7th St									
			Ste 620									
			Austin, TX 78	701								
8	PURPOSE	(a)	Category (soo	Categories listed at t	ha tan of this cahe	adula)	(b)	Description				
	OF	``		/Donations Ma		edule)			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			ficeholder/Pol		ittee		_		officeholder livin	g expense	
								Campaign co	ntr	ibution		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name	0	office sou	ght			Office h	eld	
	experiorare to benefit C/O	''										
	Date		Payee name									
	03/26/2024		Protect & Ser	ve Texas PAC								
	Amount (\$)		Payee address	; City;	State;	Zip Co	de					
	\$20,000.00		211 E 7th St									
			Ste 620									
			Austin, TX 78	701								
	PURPOSE	(a)	Category (soo	Categories listed at t	ha tan of this cohe	adula)	(b)	Description				
	OF	ľ` <i>í</i>		/Donations Ma		edule)	` ´		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			ficeholder/Pol	,	ittee		—		officeholder livin	g expense	
								Campaign co	ntr	ibution		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name	0	office sou	ght			Office h	eld	
	experience to benefit Gree											
	Date		Payee name									
	02/05/2024		Reggie Smith	Campaign								
	Amount (\$)		Payee address	; City;	State;	Zip Co	de					
	\$2,000.00		300 N Travis	St								
			Sherman, TX	75090								
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			/Donations Ma		,		ш			nplete Schedule T.	
	LXI ENDITORE		Candidate/Of	ficeholder/Pol	itical Commi	ittee		ш		officeholder livin	g expense	
								Campaign co	ntr	IDUTION		
	Commission Chill V. V. II	Ļ	Daniel - t - 10 m	.la a la la		vtt:	٠ -اسم			Ott	- lal	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	enolaer name	O	office sou	gnt			Office h	eia	

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/45 Rpt: 47/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/21/2024	Rotary Club of Conroe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$548.00	PO Box 2348
		Conroe, TX 77305
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign community partner dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payes name
	02/07/2024	Payee name Speed Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.50	1105 W Dallas St
		Conroe, TX 77301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign printing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies name
	03/20/2024	Payee name Speed Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.50	1105 W Dallas St
		Conroe, TX 77301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign printing
		Campaign pintalig
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	nplete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 34/45 Rpt: 48/59	Metcalf, William T. (The Honorable)			00069477	
4	Date	5 Payee name		•		
	03/21/2024	Speed Printing				
6	Amount (\$)	7 Payee address; City; State; Zip Code	de			
	\$9.85	1105 W Dallas St				
		Conroe, TX 77301				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription		
	EXPENDITURE	Printing Expense	F	Check if travel outside Check if Austin, TX, o		
			C	ampaign printing		, oxponed
					_	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	03/27/2024	Speed Printing				
	Amount (\$)	Payee address; City; State; Zip Code	de			
	\$48.80	1105 W Dallas St				
		Conroe, TX 77301				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription		
	OF EXPENDITURE	Printing Expense	F	Check if travel outside Check if Austin, TX, o		
			C	ampaign printing		, oxponed
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	04/02/2024	Speed Printing				
	Amount (\$)	Payee address; City; State; Zip Code	de			
	\$3.25	1105 W Dallas St				
		Conroe, TX 77301				
	PURPOSE OF	,	(b) D	escription		
	EXPENDITURE	Printing Expense	F	Check if travel outside Check if Austin, TX, o		•
			C	ampaign printing		, oxponed
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght		Office he	eld
	expenditure to benefit C/OI	1				

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 35/45 Rpt: 49/59	Metcalf, William T. (The Honorable) 00069477
4 Date	5 Payee name
04/09/2024	Speed Printing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.62	1105 W Dallas St
	Conroe, TX 77301
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Campaign printing
	Campaign printing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/16/2024	Speed Printing
Amount (\$)	Payee address; City; State; Zip Code
\$0.92	1105 W Dallas St
	Conroe, TX 77301
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Campaign printing
	Campaign printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/19/2024	Speed Printing
Amount (\$)	Payee address; City; State; Zip Code
\$15.43	1105 W Dallas St
Ψ13.43	1100 W Danas St
	Conroe, TX 77301
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	п

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 36/45 Rpt: 50/59	FILER NAME Metcalf, William T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069477
4	Date 05/01/2024	5 Payee name Speed Printing		'
6	Amount (\$) \$90.65	7 Payee address; City; State; Zip Co. 1105 W Dallas St Conroe, TX 77301	de	
8	PURPOSE OF EXPENDITURE		(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign printing
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date 05/02/2024	Payee name Speed Printing		
	Amount (\$) \$330.65	Payee address; City; State; Zip Co. 1105 W Dallas St Conroe, TX 77301	de	
	PURPOSE OF EXPENDITURE		(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign printing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ght	Office held
	Date 05/23/2024	Payee name Speed Printing		
	Amount (\$) \$455.00	Payee address; City; State; Zip Co 1105 W Dallas St	de	
		Conroe, TX 77301		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign printing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 37/45 Rpt: 51/59	Metcalf, William T. (The Honorable) 00069477				
4	Date	5 Payee name				
	06/21/2024	Speed Printing				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1.50	1105 W Dallas St				
		Conroe, TX 77301				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign printing				
		pg				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Payee name				
	02/06/2024	Stan Gerdes Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,500.00	1011 Alley A Street				
	41,000.00	#B				
		Bastrop, TX 78602				
	DUDDOCE	· ·				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if Austin, TX, officeholder living expense				
		Campaign contribution				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/28/2024	Stephanie Klick Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,000.00	PO Box 7592				
		Fort Worth, TX 76111				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		Campaign contribution				
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
	<u> </u>					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete thi	nis form.
1	Total pages Schedule F1: Sch: 38/45 Rpt: 52/59	2 FILER NAME Metcalf, William T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069477
4	Date 01/04/2024	5 Payee name TAG Operating Co	·
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 317 Grace Ln #110 Austin, TX 78746	
8	PURPOSE OF EXPENDITURE	Navertising Expense	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign social media/digital services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 01/16/2024	Payee name TAG Operating Co	
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 317 Grace Ln #110 Austin, TX 78746	
	PURPOSE OF EXPENDITURE	Navertising Expense	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign social media/digital services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/23/2024	Payee name Texas Correctional Industries	
	Amount (\$) \$1,363.96	Payee address; City; State; Zip Code PO Box 4013	
		Huntsville, TX 77342	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dges Chair order
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 39/45 Rpt: 53/59	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	_
	02/13/2024	Texas House Republican Caucus PAC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,500.00	PO BOX 13305	
		Austin, TX 78711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Campaign contribution	
			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	01/01/2024	The Roku Channel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.48	1173 Coleman Ave	
		San Jose, CA 95110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office TV streaming subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	=
	02/01/2024	The Roku Channel	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$6.48	1173 Coleman Ave	
		San Jose, CA 95110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office TV streaming subscription	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/45 Rpt: 54/59	Metcalf, William T. (The Honorable)	00069477
4	Date	5 Payee name	
	03/01/2024	The Roku Channel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	9
	\$6.48	1173 Coleman Ave	
		San Jose, CA 95110	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Office TV streaming subscription
			3 p
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/OI		
T	Date	Payee name	
	04/01/2024	The Roku Channel	
	Amount (\$)	Payee address; City; State; Zip Code	e
	\$6.48	1173 Coleman Ave	
		San Jose, CA 95110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Office TV streaming subscription
			Cinco i Calcaining casconpach
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/01/2024	The Roku Channel	
	Amount (\$)	Payee address; City; State; Zip Code	9
	\$6.48	1173 Coleman Ave	
		San Jose, CA 95110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Office TV streaming subscription
			so sa sag sabonipuon
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/O		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 41/45 Rpt: 55/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/01/2024	The Roku Channel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.48	1173 Coleman Ave
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office TV streaming subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/07/2024	The Woodlands Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 7294
		The Woodlands, TX 77380
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Fundraiser donation
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>
	Date	Payee name
L	02/15/2024	US Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$272.00	809 W Dallas St
		Conros TV 77201 0000
	DUDDOG	Conroe, TX 77301-9998
	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign PO Box rental
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/45 Rpt: 56/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
L	05/28/2024	VFW Post 4709
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1303 W Semands Ave
		Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Fundraiser donation
Ļ	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2024	Vernon's Kuntry BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$585.00	5000 W Davis St
L		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch for first responders
_	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Dete	
	Date	Payee name
	04/22/2024	Walker, Robert
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	510 Highway 75 North
L		Willis, TX 77378
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee Campaign contribution
		Campaign continuation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 43/45 Rpt: 57/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/17/2024	Willis Independent School District
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	612 N. Campbell Street
		Willis, TX 77378
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZADITORZ	Candidate/Officeholder/Political Committee
		Raffle sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitare to benefit e/or	'
	Date	Payee name
	01/29/2024	YouTube TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.01	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Office TV streaming subscription
		Campaigh Office 1 v streaming subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/29/2024	YouTube TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.01	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Office TV streaming subscription
		Campaign Onice IV streaming subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/45 Rpt: 58/59	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	03/29/2024	YouTube TV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.01	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Office TV streaming subscription
		Campaign Cines 1. Voltoanning cusestipach
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/29/2024	YouTube TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.01	1600 Amphitheatre Pkwy
	,	,
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Office TV streaming subscription
	0 1: 01:14 7 7 7	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/29/2024	YouTube TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.01	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Office TV streaming subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

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	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4 7 1 1 0 1 1 1 54		· · · · · · · · · · · · · · · · · · ·	Ell ID (Ellis Commission Eller)
1 Total pages Schedule F1: Sch: 45/45 Rpt: 59/59	Metcalf, William T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00069477
4 Date	· ·		
06/29/2024	5 Payee name YouTube TV		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$79.01	1600 Amphitheatre Pkwy Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	Check if travel out Check if Austin, T.	tside of Texas. Complete Schedule T. X, officeholder living expense Ce TV streaming subscription
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name O	office sought	Office held