CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

File	,	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
000	088296		26			Date Received	
	NDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	CALLY FILED
	FICEHOLDER ME		Jace R.			05/03/2024	
		NICKNAME	LAST		SUFFIX	··· i	
			Yarbrough			Date Hand-delivered	I or Date Postmarked
	RIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered	Tot Date Postillarked
RE	PORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		χ 30th day before election	15th day after cam			-	
		8th day before election	appointment (office	• • •		Date Processed	-
	NOWAL DEDICE						
	RIGINAL PERIOD OVERED	Month Day Ye	ar THROUGH	Month Day	Year	Date Imaged	
		01/01/2024	1111100011	01/25/2024			
	PLANATION OF C	CORRECTION Iding additional itemization					
AFI	FIDAVIT		1	oor or offirm under	analty of navious	u, that this correct	and report is true
AFI	FIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this correct	ed report is true
AFI	FIDAVIT		and	correct.	, , , ,		ed report is true
AFI	FIDAVIT		and		, , , ,		ed report is true
AFI	FIDAVIT		and	correct.	and all applicas: I swear, or aith and without	able statements: r affirm that the ori t an intent to misle	iginal report
AFI	FIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good for misrepresent the inf	/ and all applica s: I swear, or aith and without ormation contai	able statements: r affirm that the ori t an intent to misle ined in the report.	iginal report ead or to
AFI	FIDAVIT		and	correct. ck the box next to any Semiannual report was made in good for	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or	able statements: r affirm that the ori t an intent to misle ined in the report. t, that I am filing th ess day after the d naccurate or incon	iginal report ad or to is corrected late I learned nplete. I
AFI	FIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the inf Other reports: Is report not later than that the report as or swear, or affirm, tha	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or	able statements: r affirm that the ori t an intent to misle ined in the report. , that I am filing th ess day after the d naccurate or incon mission in the repo	iginal report ad or to is corrected late I learned nplete. I
AFI	FIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the inf Other reports: Is report not later than that the report as or swear, or affirm, tha filed was made in go	wand all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith. Jace R. Yar	able statements: r affirm that the ori t an intent to misle ined in the report. , that I am filing th ess day after the d naccurate or incon mission in the repo	iginal report ad or to is corrected late I learned nplete. I
		'AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the inf Other reports: Is report not later than that the report as or swear, or affirm, tha filed was made in go	wand all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith. Jace R. Yar	able statements: r affirm that the ori t an intent to misle ined in the report. t, that I am filing th ess day after the d naccurate or incon mission in the report	iginal report ad or to is corrected late I learned nplete. I
Al	FFIX NOTARY ST	TAMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the inf Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go Signatu	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith. Jace R. Yar ure of Candidate	able statements: r affirm that the orit an intent to misle ined in the report. t, that I am filing thess day after the dinaccurate or incommission in the report.	iginal report ead or to is corrected late I learned nplete. I ort as originally
Al Si	FFIX NOTARY ST worn to and subsc		and Che	Semiannual report was made in good famisrepresent the inf Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good Signature.	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith. Jace R. Yar ure of Candidate	able statements: r affirm that the orit an intent to misle ined in the report. t, that I am filing thess day after the dinaccurate or incommission in the report.	iginal report ead or to is corrected late I learned nplete. I ort as originally
Al Si	FFIX NOTARY ST worn to and subsc	ribed before me, by the sa	and Che	Semiannual report was made in good famisrepresent the inf Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good Signature.	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith. Jace R. Yar ure of Candidate	able statements: r affirm that the orit an intent to misle ined in the report. t, that I am filing thess day after the dinaccurate or incommission in the report.	iginal report ead or to is corrected late I learned nplete. I ort as originally
Al Si	FFIX NOTARY ST worn to and subsc f	ribed before me, by the sa	and Che	Semiannual report was made in good famisrepresent the inf Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good Signature.	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith. Jace R. Yar ure of Candidate, this te.	able statements: r affirm that the orit an intent to misle ined in the report. t, that I am filing thess day after the dinaccurate or incommission in the report.	iginal report ead or to is corrected late I learned nplete. I ort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Τŀ	ne C/OH Instruction C	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00088296		2 Total page	es filed: 26
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jace R.	00000230	MI	Date Received	E USE ONLY
						ELECTRON	IICALLY FILED
		NICKNAME	LAST	•••••	SUFFIX	05/03/2024	
			Yarbrough				
4	CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-deliver	red or Date Postmarked
	OFFICEHOLDER MAILING ADDRESS	9285 Culp Branch Rd.				Receipt #	Amount
	Change of Address	Sanger, TX 76266				Date Processed	I
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
	TREASURER NAME		William				
		NICKNAME	LAST		SUFFIX		
l			McNutt		33.1		
l			Workatt				
Ļ							
6	CAMPAIGN TREASURER	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;		STATE; ZIP CODE
l	ADDRESS	13101 Preston Road					
	(Residence or Business)	Dallas, TX 75240					
7	CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
l	TREASURER	(469) 533-5025					
	PHONE	(403) 333-3023					
Ļ	DEDODT						
8	REPORT TYPE	January 15	X 30th day before	e election	Runoff		r campaign treasurer (officeholder only)
		July 15	8th day before	election	Exceeded modified	Final Report	(Attach C/OH-FR)
					reporting limit		
9	PERIOD	Month Day Year			Month Day	Year	
ľ	COVERED	01/01/2024		HROUGH	01/25/202		
l		01/01/2024		111100011	01/25/202	.4	
L							
10	ELECTION	ELECTION DATE	l ,,		ELECTION TYPE		
		Month Day Year	X	Primary	Runoff	Other	
l		03/05/2024		General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
╏┷	OFFICE	OFFICE HELD (II dily)					
1					State Senator D	ເວເເ ເບເ ວປ	
L							
Г		•			-		
1							
l			CO.	TO PAGE 2			
l			GU	IO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 26

13 C / OH NAME	Yarbrough, Jace R.			14 Filer ID 00088296	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	cepted or political expenditury have been made without the ded to report this information	he candidate's or offic	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
<u> </u>	GENERAL					
		COMMITTEE ADDRES	SS			
	SPECIFIC					
		COMMITTEE CAMPAI	GN TREASURER NAME			
		COMMITTEE CAMPAI	GN TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS			RIBUTIONS (OTHER THAN NTRIBUTIONS MADE ELEC		\$	100.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	46,273.24
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPE	NDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	112,012.85
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IAINTAINED AS OF THE LA	AST DAY OF THE	\$	228,921.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		UTSTANDING LOANS AS	OF THE LAST DAY	\$	200,000.00
17 AFFIDAVIT		true	ear, or affirm, under penalty and correct and includes all er Title 15, Election Code.			
			Jac	e R. Yarbrough		
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		_ day
of	, 20, to co	rtify which, witness my	hand and seal of office.			
Signature of office	er administering	Printed name of o	ficer administering	Title of office	er administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER	R SHEET PG 3 4 of 26
l	ER NAN	IE 1, Jace R.	19 Filer ID 00088296	(Ethics	Commission Filers)
l		E SUBTOTALS SCHEDULE		S	UBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	46,233.24
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	40.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	112,012.85
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
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 F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 5/26
2	FILER NAME Yarbrough, J	Jace R.			3	Filer ID (Ethics Commission Filers) 00088296
4	Date 01/20/2024	6 Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$) \$10,000.00
8	Principal occu	Dallas, TX 75225 pation / Job title (See Instructions)	ام	Employer (See Instructions	·)	
0	Oil, Gas & A			Self Employed	')	
	Date 01/16/2024	Full name of contributor Adams, Christopher Contributor address; City; Stat)		Amount of Contribution (\$) \$1,041.98
	Dringinal occu	Burbank, CA 91505 pation / Job title (See Instructions)		Employer (See Instructions		
	Consultant	pation / 300 title (See instructions)		Archetype Consulting	')	
	Date 01/08/2024	Full name of contributor Adamson, Mark Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Houston, TX 77035 pation / Job title (See Instructions)		Employer (See Instructions	.)	
	Manufacturin			Self	,	
	Date 01/23/2024	Full name of contributor Belton, Jack Contributor address; City; State Fort Worth, TX 76116)		Amount of Contribution (\$) \$156.56
	Principal occu Telecommur	pation / Job title (See Instructions) nications		Employer (See Instructions BelWave Communication		
	Date 01/19/2024	Full name of contributor Berry, John Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$) \$364.90
	Principal occu Financial Pla	pation / Job title (See Instructions)		Employer (See Instructions Self	i)	
			<u>, </u>			

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 6/26	
2	FILER NAME Yarbrough, J	lace R.			3	Filer ID (Ethics Commission 00088296	on Filers)
4	Date 01/02/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	PROVIDENCE VILLAGE, TX 76227 pation / Job title (See Instructions)	la	Employer (See Instructions	·,		
Ü	Airline pilot	pation / 300 title (See instituctions)		Envoy	')		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#: Carrillo, Craig Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$521.15
		Dallas, TX 75214					
	Principal occu Associate	pation / Job title (See Instructions)		Employer (See Instructions Brown Fox	s)		
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: Clay, George Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,604.48
		WICHITA FALLS, TX 76302-2631					
	Principal occu Health Provi	pation / Job title (See Instructions) der		Employer (See Instructions High Plains Health Prov	•	rs	
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: Clay, George Contributor address; City; State; Zip Code Wichita Falls, TX 76302)		Amount of Contribution (\$)	\$2,604.48
	Principal occu Health Provi	pation / Job title (See Instructions) der		Employer (See Instructions High Plains Health Prov	•	rs	
	Date 01/21/2024	Full name of contributor out-of-state PAC (ID#: Coates, Christopher Contributor address; City; State; Zip Code Fort Worth, TX 76109)		Amount of Contribution (\$)	\$1,041.98
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions The Miles Foundation	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 7/26	
2	FILER NAME Yarbrough, J	ace R.			3	Filer ID (Ethics Commission 00088296	on Filers)
4	Date 01/20/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
8		Denison, TX 75020 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Owner Date 01/16/2024	Full name of contributor out-of-state PAC (II Daines, Kenneth Contributor address; City; State; Zip Code		Xerno Enterprises	•	Amount of Contribution (\$)	\$156.56
	Principal occu	Gainesville, VA 20155 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (If Dempsey, Erik Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78746-7562 pation / Job title (See Instructions)	\top	Employer (See Instructions	<u> </u> s)		
	Date 01/05/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,083.65
	Principal occu Co-Founder	Fort Worth, TX 76132 pation / Job title (See Instructions)		Employer (See Instructions Valor	<u> </u> s)		
	Date 01/06/2024	Full name of contributor out-of-state PAC (III Fedorko, Steve Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1808)		Amount of Contribution (\$)	\$25.00
	Principal occu Psychologist	pation / Job title (See Instructions) /Consultant		Employer (See Instructions Fedorko Group, LLC	s)		
			-				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 8/26	
2	FILER NAME Yarbrough,	ace R.		3	Filer ID (Ethics Commission 00088296	ı Filers)
4	Date 01/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
0	Dringing occur	Grand Prairie, TX 75050 pation / Job title (See Instructions)	9. Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_Fillmore, Hartson Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$260.73
	Principal occu	Fort Worth, TX 76116 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	· ····o.pa. ooda		p.oyor (ooc meadeache)	,		
	Date 01/20/2024	Full name of contributor out-of-state PAC (ID#:) Grayson County Conservatives PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.35
		Howe, TX 75459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Harvey, Conor Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$55.00
	Principal occu	Houston, TX 77008 pation / Job title (See Instructions)	Employer (See Instructions) Murphy Ball Stratton LLF			
	Date 01/13/2024	Full name of contributor out-of-state PAC (ID#:_ Heizer, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Weatherford, TX 76087					
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions) N/A)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 9/26	
2	FILER NAME Yarbrough, J	Jace R.				3	Filer ID (Ethics Commission 00088296	on Filers)
4	Date 01/08/2024	5 Full name of contributor Henderson, Tom6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_	Deignaignal	Byers, TX 76357	, I	_	Franks on (Cook bath sticks			
8	N/A	pation / Job title (See Instructions)	9	Employer (See Instructions N/A	5)		
	Date 01/18/2024	Full name of contributor Hopper, Sam Contributor address; City; St)	•	Amount of Contribution (\$)	\$26.35
		Decatur, TX 76234						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 01/13/2024	Full name of contributor Horton, Kim Contributor address; City; St	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$200.00
		Weatherford, TX 76087						
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		
	Date 01/17/2024	Full name of contributor Huffines, Phillip Contributor address; City; St Dallas, TX 75205)		Amount of Contribution (\$)	\$5,000.00
	Principal occu real estate	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 01/14/2024	Full name of contributor Hutcheson, Bill Contributor address; City; St Sherman, TX 75090	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 10/26	
2	FILER NAME Yarbrough, J	ace R.			3	Filer ID (Ethics Commission 00088296	n Filers)
4	Date 01/12/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Little Elm, TX 75068-0827 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
_	retired	,		retired	,		
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID Kelly, Pat Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$52.40
		Bangs, TX 76823					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID Krause, Matt Contributor address; City; State; Zip Code)#:			Amount of Contribution (\$)	\$500.00
		Haslet, TX 76052					
	Principal occu Counsel	pation / Job title (See Instructions)		Employer (See Instructions First Liberty Institute	s)		
Date 01/11/2024		Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$104.48
	Principal occu Consultant	Plano, TX 75025 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 01/18/2024	Full name of contributor out-of-state PAC (ID Lasater, Carla Contributor address; City; State; Zip Code Bowie, TX 76230)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to co	omplete this forn	1.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 11/26	
2	FILER NAME Yarbrough, J	lace R.			3	Filer ID (Ethics Commission 00088296	on Filers)
4	Date 01/03/2024	Marshall, Lloyd	t-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$1,041.98
8	Principal occu Associate	Houston, TX 77006 pation / Job title (See Instructions)		Employer (See Instructions Gibson Dunn)		
	Date 01/12/2024	Full name of contributor ou Martindale, Wynette Contributor address; City; State; Zij Haskell, TX 79521)		Amount of Contribution (\$)	\$50.00
	Principal occu homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker)		
	Date 01/12/2024	Full name of contributor ou Meek, Dena Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu Mayor	Oak Point, TX 75068 pation / Job title (See Instructions)		Employer (See Instructions City of Oak Point)		
	Date 01/09/2024	Full name of contributor ou Rawicki, Bennett Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,083.65
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Hilgers Graben)		
	Date 01/20/2024	Full name of contributor ou Roberts, Brian Contributor address; City; State; Zip Howe, TX 75459	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.52
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			,				

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 12/26	
2	FILER NAME Yarbrough, J	ace R.			3	Filer ID (Ethics Commissio 00088296	n Filers)
4	Date 01/20/2024	 Full name of contributor out-of-state Roberts, Jake Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$5.52
_		Howe, TX 75459	1-				
8	Student	pation / Job title (See Instructions)	9	Employer (See Instructions Student	5)		
	Date 01/20/2024	Roberts, Joy Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.52
	Principal occu	Howe, TX 75459 Dation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Homemaker			Homemaker			
	Date 01/22/2024	Full name of contributor out-of-state Sasser, Hiram Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Frisco, TX 75035					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/22/2024	Sellars, Jane Anne Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu retired	Frisco, TX 75036-1328 pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u> s)		
	Date 01/15/2024	Full name of contributor out-of-state Uhles, Keith Contributor address; City; State; Zip Code Midland, TX 79705	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
			I				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 13/26	
2	FILER NAME Yarbrough, 3	ace R.			3	Filer ID (Ethics Commission Filers) 00088296	
4	Date 01/21/2024	 Full name of contributor			7	Amount of Contribution (\$) \$1,041.9	8
8	Principal occu Associate	Denver, CO 80238 pation / Job title (See Instructions)	9	Employer (See Instructions Gibson Dunn	 s)		
	Date 01/25/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$260.7	3
	Principal occu	Conway, AR 72034 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> 5)		_
	Date 01/01/2024	Full name of contributor out-of-state PAC (ID# Warren, Andrew Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$) \$26.3	5
	Principal occu	Sanger, TX 76266 pation / Job title (See Instructions)	Τ	Employer (See Instructions	 - s)		_
	Date 01/17/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$250.0	0
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)	T	Employer (See Instructions self-employed	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Whitton, Kay Contributor address; City; State; Zip Code Tuscola, TX 79562					Amount of Contribution (\$) \$104.4	8
	Principal occu State contes	pation / Job title (See Instructions) t director		Employer (See Instructions UIL	s)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 10/10 Rpt: 14/26
2	FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4	Date 01/09/2024 5 Full name of contributor out-of-state PAC (ID#: Wiles, Jennifer 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$10.73
	Denton, TX 76210	
8	Principal occupation / Job title (See Instructions) 9 Employer (See retired	Instructions)
	Date Full name of contributor ☐ out-of-state PAC (ID#:	Amount of Contribution (\$) \$260.73
	Principal occupation / Job title (See Instructions) Employer (See retired retired	Instructions)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/26 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Yarbrough, Jace R. 00088296 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/22/2024 Berry, John \$40.00 In district event ticket 7 Contributor address; City; State; Zip Code Jacksboro, TX 76458 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Financial Planner Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE 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		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 EILED NAME	3 Filer ID (Ethics Commission Filers)
•	Sch: 1/11 Rpt: 16/26	Yarbrough, Jace R.	00088296
4	Date	5 Payee name	
	01/01/2024	Anedot Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.35	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		vel outside of Texas. Complete Schedule T.
	EXPENDITURE		ıstin, TX, officeholder living expense
		Anedot Fe	es
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/02/2024	Anedot Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.30	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE		
	OF		evel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/i anaraising Expense	ıstin, TX, officeholder living expense
		Anedot Fe	e
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/03/2024	Anedot Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.98	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	DUDD005		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	evel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation// undraising Expense	Istin, TX, officeholder living expense
		Anedot Fe	
\vdash	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 -

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: 2/11 Rpt: 17/26	Yarbrough, Jace R. 00088296
4	Date	5 Payee name
	01/04/2024	Anedot Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.43	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Anedot Fee
		Alleuol Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/05/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.65	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Anedot Fee
		Alleuder de
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/06/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Anedot Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

Event Expense Loan Repaym
Fees Office Overhie
Food/Beverage Expense Polling Exper
Gift/Awards/Memorials Expense Printing Expe
Loan Septices Salaries/Mag

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Le	ft/Awards/Memorials gal Services he Instruction Gu	·		ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILE	FR NAME						3	Filer ID	(Ethics Commission F	ilers)
•	Sch: 3/11 Rpt: 18/26		rbrough, Ja	ace R.						00088296	(20000000000000000000000000000000000000	
4	Date	5 Pay	ee name									
	01/09/2024		edot Inc.									
6	Amount (\$)	_	ee address		State;	Zip Coo	de					
	\$84.38	134	40 Poydras	Street								
		Sui	te 1770									
		Nev	w Orleans	LA 70112								
8	PURPOSE	(a) Cate	egory (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			undraising Exp		<i>'</i>		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE							ш.	, TX,	officeholder living	g expense	
								Anedot Fees				
9	Complete ONLY if direct expenditure to benefit C/OI		lidate/Office	holder name	0	office souç	ght			Office h	eld	
	Date	Pay	ee name									
	01/11/2024	Ane	edot Inc.									
	Amount (\$)	Pay	ee address	; City;	State;	Zip Cod	de					
	\$8.96	134	40 Poydras	Street								
			te 1770									
				LA 70112								
	DUDDOCE						/b\					
	PURPOSE OF			Categories listed at th		edule)	(a)	Description Check if travel	outei	do of Toyas Com	plete Schedule T.	
	EXPENDITURE	Sol	icitation/Fi	undraising Exp	ense			=		officeholder living		
								Anedot Fees				
	Complete ONLY if direct expenditure to benefit C/Ol		lidate/Office	holder name	0	office souç	ght			Office h	eld	
	Date	Pav	ee name									
	01/12/2024		edot Inc.									
	Amount (\$)	Pav	ee address	; City;	State:	Zip Cod	de					
	\$6.60		40 Poydras		Otato,	2.p 000	uo					
	Ψ0.00		=	Succi								
			te 1770									
		Nev	w Orleans	LA 70112		_						
	PURPOSE	(a) Cate	egory (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Sol	icitation/F	ındraising Exp	ense			ш			plete Schedule T.	
								Anedot Fees	, TX,	officeholder living	g expense	
								Alleuol Fees				
_	Operation ONE VIII II		li-l-+-/0"	la - l - l		.cc:	lt			0,,,	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		udate/Office	holder name	0	office soug	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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 4/11 Rpt: 19/26	Yarbrough, Jace R. 00088296
4	Date	5 Payee name
	01/14/2024	Anedot Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Anedot Fees
		, allouder des
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	01/15/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Anedot Fees
		7.032331.333
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.27	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Anedot Fees
		Alleuot Fees
-	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 Committ 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			/Awards/Memorials Ex al Services		Printing Ex Salaries/W		e 'Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	d above)
	Credit Card Payment		Th	e Instruction Guid	le explains h	ow to con	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 5/11 Rpt: 20/26		Yarbrough, Ja	ce R.						00088296		
4	Date	5	Payee name									
	01/17/2024		Anedot Inc.									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Cod	de					
	\$10.30		1340 Poydras	Street								
			Suite 1770									
			New Orleans,	LA 70112								
8	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			ndraising Expe		,		=			plete Schedule T.	
	EXI ENDITORE							–	, TX,	officeholder living	expense	
								Anedot Fees				
_	Opening the ONLY if allowed	<u>L</u>	0		0.1	· · · · · · · · · · · · · · · · · · ·				O#: I	.1.1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officel	loider name	Of	ffice soug	gnt			Office he	eid	
		_										
	Date		Payee name									
	01/18/2024	$oxed{oxed}$	Anedot Inc.									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de					
	\$5.65		1340 Poydras	Street								
			Suite 1770									
			New Orleans,	LA 70112								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Solicitation/Fu	ndraising Expe	nse			=			plete Schedule T.	
								Anedot Fee	, 1,	officeholder living	expense	
								7 0 0				
	Complete ONLY if direct		Candidate/Officeh	nolder name	Of	ffice soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н					•					
	Date	Г	Payee name									
	01/19/2024		Anedot Inc.									
	Amount (\$)		Payee address;	City;	State:	Zip Cod	de					
	\$17.40		1340 Poydras		,							
			Suite 1770									
			New Orleans,	LA 70112								
	PURPOSE	(a)	Category (See C			-1-1-)	(h)	Description				
	OF	(")		ndraising Expe		dule)	(2)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			g =/\pc				Check if Austin,	, TX,	officeholder living	expense	
								Anedot Fee				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeh	nolder name	Of	ffice soug	ght			Office he	eld	
	experientare to beliefft C/OI	''										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
•	Sch: 6/11 Rpt: 21/26		00088296
4	Date	5 Payee name	
	01/20/2024	Anedot Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.61	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
_	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(
	EXPENDITURE	Collottation in analysis Expense	e of Texas. Complete Schedule T. officeholder living expense
		Anedot Fees	onicerolaer living expense
		Alledot i ces	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	01/21/2024	Anedot Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.96	,	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		e of Texas. Complete Schedule T.
	EXPENDITURE		officeholder living expense
		Anedot Fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought DH	Office held
H	Date	Payee name	
	01/22/2024	Anedot Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$115.08	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , ,	e of Texas. Complete Schedule T.
	EXPENDITURE		officeholder living expense
		Anedot Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

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

Fees O
Food/Beverage Expense P
Gitt/Awards/Memorials Expense P
Lenal Services P

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials ∟egal Services The Instruction Gu			ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed abo	ve)
1	Total pages Schedule F1:	12						-	3	Filer ID	(Ethics Commission	n Eilarc)
	Sch: 7/11 Rpt: 22/26	 	Yarbrough,	Jace R.					3	00088296	(Luncs Commissio	71 1 IICIS)
4	Date	5	Payee name									
	01/23/2024		Anedot Inc.									
6	Amount (\$)	7	Payee addres		State;	Zip Co	de					
	\$29.01		1340 Poydra	is Street								
			Suite 1770									
L		L	New Orleans	s, LA 70112								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Solicitation/F	undraising Exp	ense			=			nplete Schedule T.	
								Anedot Fees	ıX,	officeholder living	3 exherise	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
_		_										
	Date		Payee name									
	01/25/2024		Anedot Inc.									
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$115.21		1340 Poydra	s Street								
			Suite 1770									
L		L	New Orleans	s, LA 70112								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Solicitation/F	undraising Exp	ense			=			nplete Schedule T.	
								Anedot Fees	١Λ,	officeholder living	a evhenog	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
L		_										
	Date		Payee name	0.00								
	01/06/2024		Cathy Scott									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$1,300.00		2830 S. Hule	en Street								
			373									
			Fort Worth,	TX 76109								
	PURPOSE OF	(a)		e Categories listed at t	ne top of this sche	edule)	(b)	Description	_			
	EXPENDITURE		Consulting E	Expense				ш		de of Texas. Com officeholder living	nplete Schedule T.	
								Fundraising c			g expense	
									-	3		
	Complete ONLY if direct		Candidate/Offic	eholder name	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI					•	-					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

01/03/2024 Davis, Ryan 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2,258.06 864 Trail Road Dennison, TX 75021	ers)
4 Date 01/03/2024 5 Payee name Davis, Ryan 6 Amount (\$) 7 Payee address; City; State; Zip Code 864 Trail Road Dennison, TX 75021 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
01/03/2024 Davis, Ryan 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2,258.06 \$864 Trail Road Dennison, TX 75021 8 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	
6 Amount (\$) \$2,258.06 7 Payee address; City; State; Zip Code \$2,258.06 Dennison, TX 75021 8 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	
\$2,258.06 864 Trail Road Dennison, TX 75021 8 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	
Dennison, TX 75021 8 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	
8 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	
8 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	
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Check if Austin, TX, officeholder living expense	
Campaign Staff	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
01/16/2024 Davis, Ryan	
Amount (\$) Payee address; City; State; Zip Code	
\$2,731.43 864 Trail Road	
Dennison, TX 75021	
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 January campaign half	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	_
· · · · · · · · · · · · · · · · · · ·	
01/01/2024 Griffin Communications	
01/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code	
01/01/2024 Griffin Communications	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code \$4,500.00 7111 harvest trail Dr.,	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code \$4,500.00 7111 harvest trail Dr., Austin, TX 78736	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code 7111 harvest trail Dr., Austin, TX 78736 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code \$4,500.00 7111 harvest trail Dr., Austin, TX 78736 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code \$4,500.00 7111 harvest trail Dr., Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code \$4,500.00 7111 harvest trail Dr., Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code \$4,500.00 7111 harvest trail Dr., Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Retainer Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code 7111 harvest trail Dr., Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Retainer	
O1/01/2024 Griffin Communications Amount (\$) Payee address; City; State; Zip Code \$4,500.00 7111 harvest trail Dr., Austin, TX 78736 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Retainer Complete ONLY if direct 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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

	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: 9/11 Rpt: 24/26	Yarbrough, Jace R. 00088296							
4	Date	5 Payee name							
	01/03/2024	Griffin Communications							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$27,742.19	7111 harvest trail Dr.,							
		Austin, TX 78736							
8	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							
		Field Services							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	H							
	Date	Payee name							
	01/08/2024	Griffin Communications							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$15,500.00	7111 Harvest Trail Dr.,							
		Austin, TX 78736							
	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							
		Media buy							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	H							
	Date	Payee name							
	01/15/2024	Griffin Communications							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4,204.06	7111 harvest trail Dr.,							
		Austin, TX 78736							
	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							
		Text Messaging							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	H							

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 25/26	Yarbrough, Jace R. 00088296
4	Date	5 Payee name
L	01/17/2024	Griffin Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,200.00	7111 harvest trail Dr.,
		Austin, TX 78736
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
		Branding & collateral
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/25/2024	Griffin Communications
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$15,500.00	7111 harvest trail Dr.,
		Austin, TX 78736
	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
		Media Buy
		incala 2a,
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/01/2024	Griffin Communications
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$2,563.57	7111 harvest trail Dr.,
		Austin, TX 78736
Г	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
		Signage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	at 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	5)
	Sch: 11/11 Rpt: 26/26	Yarbrough, Jace R. 00088296	
4	Date	5 Payee name	
	01/01/2024	Griffin Communications	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,850.00	7111 harvest trail Dr.,	
		Austin, TX 78736	
8	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	
		Collateral	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	01/17/2024	Jackson Walker LLP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23,928.50	777 Main St	
		#2100	
		Fort Worth, TX 76102	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Mandameus appeal	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to benefit G/G/T			
1			