

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088296		2 Total pages filed: 26		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR		FIRST		MI
			Jace R.		
	NICKNAME		LAST		SUFFIX
			Yarbrough		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff		<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit		
	<input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)		
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month
		01	01	2024	THROUGH
					01
					25
					2024

6 EXPLANATION OF CORRECTION

The amendment is adding additional itemization details for two contributors. An expenditure originally reported as a lump sum payment to vendor due to a clerical error has now been revised to reflect the expenditure amount per category. No other changes were made; the totals reported on page 2 of the cover sheet remain unchanged.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Jace R. Yarbrough

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088296	2 Total pages filed: 26				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Jace R.						
	NICKNAME	LAST	SUFFIX	Date Received ELECTRONICALLY FILED 05/03/2024			
	Yarbrough						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked			
	9285 Culp Branch Rd.						
	Sanger, TX 76266			Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	William						
	NICKNAME	LAST	SUFFIX				
	McNutt						
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
	13101 Preston Road Dallas, TX 75240						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(469)	533-5025					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	01	01	2024	THROUGH	01	25	2024
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	03	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
				State Senator District 30			

GO TO 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 (Ethics Commission Filers) 00088296
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	46,273.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	112,012.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	228,921.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	200,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Jace R. Yarbrough
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

4 of 26

18 FILER NAME Yarbrough, Jace R.		19 Filer ID 00088296	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	46,233.24
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	40.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	112,012.85
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 5/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carol <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Oil, Gas & Agriculture		9 Employer (See Instructions) Self Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Christopher <hr/> Contributor address; City; State; Zip Code Burbank, CA 91505	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Archetype Consulting
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adamson, Mark <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Manufacturing		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belton, Jack <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$156.56
Principal occupation / Job title (See Instructions) Telecommunications		Employer (See Instructions) BelWave Communications
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, John <hr/> Contributor address; City; State; Zip Code Jacksboro, TX 76458	Amount of Contribution (\$) \$364.90
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 6/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blasi, Keith <hr/> 6 Contributor address; City; State; Zip Code PROVIDENCE VILLAGE, TX 76227	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Airline pilot		9 Employer (See Instructions) Envoy
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Craig <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Brown Fox
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, George <hr/> Contributor address; City; State; Zip Code WICHITA FALLS, TX 76302-2631	Amount of Contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions) Health Provider		Employer (See Instructions) High Plains Health Providers
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, George <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76302	Amount of Contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions) Health Provider		Employer (See Instructions) High Plains Health Providers
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coates, Christopher <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) The Miles Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 7/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creations, TX Custom	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Denison, TX 75020		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Xerno Enterprises
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daines, Kenneth	Amount of Contribution (\$) \$156.56
Contributor address; City; State; Zip Code Gainesville, VA 20155		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dempsey, Erik	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78746-7562		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBose, Clifton	Amount of Contribution (\$) \$2,083.65
Contributor address; City; State; Zip Code Fort Worth, TX 76132		
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) Valor
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fedorko, Steve	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1808		
Principal occupation / Job title (See Instructions) Psychologist/Consultant		Employer (See Instructions) Fedorko Group, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 8/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fedorko, Zachary <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75050	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fillmore, Hartson <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson County Conservatives PAC <hr/> Contributor address; City; State; Zip Code Howe, TX 75459	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Conor <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Murphy Ball Stratton LLP
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heizer, Richard <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 9/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Tom <hr/> 6 Contributor address; City; State; Zip Code Byers, TX 76357	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Sam <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Kim <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffines, Phillip <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) self
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutcheson, Bill <hr/> Contributor address; City; State; Zip Code Sherman, TX 75090	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 10/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iverson, David <hr/> 6 Contributor address; City; State; Zip Code Little Elm, TX 75068-0827	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Pat <hr/> Contributor address; City; State; Zip Code Bangs, TX 76823	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, Matt <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Counsel		Employer (See Instructions) First Liberty Institute
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Phillip <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Carla <hr/> Contributor address; City; State; Zip Code Bowie, TX 76230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 11/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Lloyd <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$1,041.98
8 Principal occupation / Job title (See Instructions) Associate		9 Employer (See Instructions) Gibson Dunn
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martindale, Wynette <hr/> Contributor address; City; State; Zip Code Haskell, TX 79521	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meek, Dena <hr/> Contributor address; City; State; Zip Code Oak Point, TX 75068	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of Oak Point
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawicki, Bennett <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$2,083.65
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hilgers Graben
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Brian <hr/> Contributor address; City; State; Zip Code Howe, TX 75459	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 12/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Jake	7 Amount of Contribution (\$) \$5.52
6 Contributor address; City; State; Zip Code Howe, TX 75459		
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Student
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Joy	Amount of Contribution (\$) \$5.52
Contributor address; City; State; Zip Code Howe, TX 75459		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sasser, Hiram	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Jane Anne	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Frisco, TX 75036-1328		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhles, Keith	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Midland, TX 79705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 13/26
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulmer, Michael <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80238	7 Amount of Contribution (\$) \$1,041.98
8 Principal occupation / Job title (See Instructions) Associate		9 Employer (See Instructions) Gibson Dunn
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Vincent <hr/> Contributor address; City; State; Zip Code Conway, AR 72034	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Andrew <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Matt <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) entrepreneur		Employer (See Instructions) self-employed
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitton, Kay <hr/> Contributor address; City; State; Zip Code Tuscola, TX 79562	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) State contest director		Employer (See Instructions) UIL

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiles, Jennifer	7 Amount of Contribution (\$) \$10.73
	6 Contributor address; City; State; Zip Code Denton, TX 76210	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood Hilber, Jill	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Aubrey, TX 76227	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 15/26	
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, John	8 Amount of contribution (\$) \$40.00	9 In-kind contribution description In district event ticket
	7 Contributor address; City; State; Zip Code Jacksboro, TX 76458	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Financial Planner		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt: 16/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/01/2024	5 Payee name Anedot Inc.	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name Anedot Inc.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name Anedot Inc.	
Amount (\$) \$41.98	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/11 Rpt: 17/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/04/2024	5 Payee name Anedot Inc.	
6 Amount (\$) \$14.43	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2024	Payee name Anedot Inc.	
Amount (\$) \$83.65	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2024	Payee name Anedot Inc.	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/11 Rpt: 18/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/09/2024	5 Payee name Anedot Inc.	
6 Amount (\$) \$84.38	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Anedot Inc.	
Amount (\$) \$8.96	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2024	Payee name Anedot Inc.	
Amount (\$) \$6.60	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/11 Rpt: 19/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/14/2024	5 Payee name Anedot Inc.	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2024	Payee name Anedot Inc.	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Anedot Inc.	
Amount (\$) \$59.27	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/11 Rpt: 20/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID 00088296	(Ethics Commission Filers)
4	Date 01/17/2024	5 Payee name Anedot Inc.		
6	Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
	Date 01/18/2024	Payee name Anedot Inc.		
	Amount (\$) \$5.65	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fee
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
	Date 01/19/2024	Payee name Anedot Inc.		
	Amount (\$) \$17.40	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fee
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt: 21/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/20/2024	5 Payee name Anedot Inc.	
6 Amount (\$) \$3.61	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2024	Payee name Anedot Inc.	
Amount (\$) \$83.96	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name Anedot Inc.	
Amount (\$) \$115.08	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt: 22/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
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4 Date 01/23/2024	5 Payee name Anedot Inc.
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6 Amount (\$) \$29.01	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2024	Payee name Anedot Inc.
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Amount (\$) \$115.21	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/06/2024	Payee name Cathy Scott & Co.
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Amount (\$) \$1,300.00	Payee address; City; State; Zip Code 2830 S. Hulen Street 373 Fort Worth, TX 76109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 23/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/03/2024	5 Payee name Davis, Ryan	
6 Amount (\$) \$2,258.06	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Davis, Ryan	
Amount (\$) \$2,731.43	Payee address; City; State; Zip Code 864 Trail Road Dennison, TX 75021	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January campaign half
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2024	Payee name Griffin Communications	
Amount (\$) \$4,500.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/11 Rpt: 24/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/03/2024	5 Payee name Griffin Communications	
6 Amount (\$) \$27,742.19	7 Payee address; City; State; Zip Code 7111 harvest trail Dr., Austin, TX 78736	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2024	Payee name Griffin Communications	
Amount (\$) \$15,500.00	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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media buy
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2024	Payee name Griffin Communications	
Amount (\$) \$4,204.06	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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messaging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt: 25/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
4 Date 01/17/2024	5 Payee name Griffin Communications	
6 Amount (\$) \$9,200.00	7 Payee address; City; State; Zip Code 7111 harvest trail Dr., Austin, TX 78736	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Branding & collateral
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Griffin Communications	
Amount (\$) \$15,500.00	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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Buy
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2024	Payee name Griffin Communications	
Amount (\$) \$2,563.57	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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/11 Rpt: 26/26	2 FILER NAME Yarbrough, Jace R.	3 Filer ID (Ethics Commission Filers) 00088296
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4 Date 01/01/2024	5 Payee name Griffin Communications
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6 Amount (\$) \$1,850.00	7 Payee address; City; State; Zip Code 7111 harvest trail Dr., Austin, TX 78736
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Collateral
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/17/2024	Payee name Jackson Walker LLP
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Amount (\$) \$23,928.50	Payee address; City; State; Zip Code 777 Main St #2100 Fort Worth, TX 76102
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mandameus appeal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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