

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087820		2 Total pages filed: 31		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Don E.		MI	ELECTRONICALLY FILED 06/11/2024	
	NICKNAME	LAST McLaughlin		SUFFIX Jr.		
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	Day	Year
		01/01/2024		THROUGH		01/25/2024

6 EXPLANATION OF CORRECTION
Review Reports and notices some contributions were missing

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.

Don E. McLaughlin Jr.

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) 00087820	2 Total pages filed: 31				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Don E.	MI MI	OFFICE USE ONLY			
	NICKNAME	LAST McLaughlin	SUFFIX Jr.				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 1707 Uvalde, TX 78802		ZIP CODE	Date Received ELECTRONICALLY FILED 06/11/2024			
				Date Hand-delivered or Date Postmarked			
			Receipt #	Amount			
				Date Processed			
			Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Steve	MI MI				
	NICKNAME	LAST McNew	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1707 Uvalde, TX 78802						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(830)	278-7157					
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	THROUGH	Month	Day	Year
	01	01	2024		01	25	2024
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024			ELECTION TYPE			
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 80 Uvalde			12 OFFICE SOUGHT (if known) State Representative District 80			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME McLaughlin Jr., Don E. **14** Filer ID (Ethics Commission Filers)
00087820

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	58,612.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	102,624.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	109,484.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

Don E. McLaughlin Jr.

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**

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18 FILER NAME McLaughlin Jr., Don E.		19 Filer ID 00087820	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	47,504.57
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	11,108.10
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	102,624.42
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
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: 1/15 Rpt: 5/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnim, Cecil <hr/> 6 Contributor address; City; State; Zip Code Houston 77057 Namibia	7 Amount of Contribution (\$) \$161.90
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Veritex Bank
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur, Barbara <hr/> Contributor address; City; State; Zip Code Ruidoso, NM 88345	Amount of Contribution (\$) \$208.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Shannon <hr/> Contributor address; City; State; Zip Code Castroville, TX 78009	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Shannon Beasley Realty
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Shannon <hr/> Contributor address; City; State; Zip Code Castroville, TX 78009	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Shannon Beasley Realty
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brauchle, Scott <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Farmer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/15 Rpt: 6/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briscoe, Chip <hr/> 6 Contributor address; City; State; Zip Code Carrizo Springs, TX 78834	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Rancher
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capt, Carper <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capt, Jared <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Investements		Employer (See Instructions) Self
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cargil, Nancy <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Cargil Photography
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Sally <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Clayton & Clayton, PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 7/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorflinger, Max	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Uvalde, TX 78801		
8 Principal occupation / Job title (See Instructions) Detective		9 Employer (See Instructions) Uvalde Police Dept.
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garnett, Craig	Amount of Contribution (\$) \$323.80
Contributor address; City; State; Zip Code Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Pubisher		Employer (See Instructions) Uvalde Leader News
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Browder	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Taxidermy		Employer (See Instructions) Graves Taxidermy
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Gene	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77077		
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: 4/15 Rpt: 8/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Kelly <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78801	7 Amount of Contribution (\$) \$323.80
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Eye Center of Uvalde
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harpole, Willis <hr/> Contributor address; City; State; Zip Code Boerne, TX 78008	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Cinco Family Holdings
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellums, Phyllis <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendler, Barry <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78802	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) American Lumber Co.
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiebert, Nathan <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$150.00
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: 5/15 Rpt: 9/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hindes 71 Livestock, LP <hr/> 6 Contributor address; City; State; Zip Code Charlotte, TX 78011	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffstutler, Kerry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin Brothers <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$161.90
Principal occupation / Job title (See Instructions) Pipe Sales		Employer (See Instructions) Apex Steel Pipe
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ives, Jeanne <hr/> Contributor address; City; State; Zip Code Wheaton, IL 60189	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Spiers Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/15 Rpt: 10/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivey, Lisa <hr/> 6 Contributor address; City; State; Zip Code Terlingua, TX 79852	7 Amount of Contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions) Hospitality		9 Employer (See Instructions) Self Employed
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Elder <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78802	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Elderado Properties
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Ginger <hr/> Contributor address; City; State; Zip Code Hondo, TX 78861	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimball Fabrication <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$150.00
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#: _____) Kinder, Pepper <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$300.00
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: 7/15 Rpt: 11/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinzer, Pepper	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Uvalde, TX 78801	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Rancher
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolinek, Bill Ed	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Uvalde, TX 78801	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Uvalde CISD
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koontz, Bart	Amount of Contribution (\$) \$104.10
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Koontz Corp.
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korbell, Gayle	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Con Can , TX 78838	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Frio Dry Fifty
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruse, Jo Anna	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Uvalde, TX 78801	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Ben E. Keith

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/15 Rpt: 12/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Ainselee <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78801	7 Amount of Contribution (\$) \$323.80
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Self Employed
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, HT <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Langford Investments
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Hugo <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Q2 Technologies.com
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee, Tane <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeller, Michael <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) MMA Southwest

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/15 Rpt: 13/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Steven <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78802	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) DKM Enterprises
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWorther, Janice <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal & Lori Brewster Farms <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$300.00
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#: _____) Nolasco, Rene <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Reno Rentals
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuetze, Tad <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Storage Solution

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/15 Rpt: 14/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oxley, Brent	7 Amount of Contribution (\$) \$5,205.08
	6 Contributor address; City; State; Zip Code Uvalde, TX 78801	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Rancher
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parman, BD	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78248	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Fulcrum Properties
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Nathan	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Uvalde, TX 78802	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) McFadin Farms
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Robert	Amount of Contribution (\$) \$208.20
	Contributor address; City; State; Zip Code Uvalde, TX 78801	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RWK Special, LLC	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code Uvalde, TX 78802	
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: 11/15 Rpt: 15/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridings, Brett <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) AFA Holdings
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosa, Mary Anna <hr/> Contributor address; City; State; Zip Code Con Can , TX 78838	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderlin, Tex <hr/> Contributor address; City; State; Zip Code Knippa, TX 78870	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schrutka, Misti <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) DKM Enterprises

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/15 Rpt: 16/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schrutka, Misti <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78801	7 Amount of Contribution (\$) \$600.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) DKM Enterprises
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Julia <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Brent <hr/> Contributor address; City; State; Zip Code Brackettville, TX 78832	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) County Attorney		Employer (See Instructions) Kinney County
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cody <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) First State Bank of Uvalde
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speer Electric <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78802	Amount of Contribution (\$) \$300.00
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: 13/15 Rpt: 17/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiers, Jon <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Policy Advocacy		9 Employer (See Instructions) Self
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spreen, Sara <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Ministry Support		Employer (See Instructions) St. Luke's Episcopal Church
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanfield, Edward <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Tammi <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$323.80
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Macy <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Texas Ag Equipment

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/15 Rpt: 18/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Ryan <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78801	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Orthopedic PA		9 Employer (See Instructions) Uvalde Memorial Hospital
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Assoc. <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidwell, Walter <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Procurement		Employer (See Instructions) DKM Enterprises
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagnon, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Republic State Mortgage
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Bwaumont <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$161.90
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Rancher

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/15 Rpt: 19/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weisinger, Vickie <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78801	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Sarah <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$323.80
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Wilkerson's Gun Store
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, David <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78802	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Watermelons Unlimited
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston, Dorthy <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Julien's
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Emmanuel <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$323.80
Principal occupation / Job title (See Instructions) Constable Pct. 6		Employer (See Instructions) County of Uvalde

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: 20/31	
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 01/24/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$10,525.60	9 In-kind contribution description Digital Advertising
	7 Contributor address; City; State; Zip Code Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz Tables & Chairs	Amount of contribution (\$) \$582.50	In-kind contribution description Tables & chairs for fundraiser
	Contributor address; City; State; Zip Code Uvalde, TX 78801	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 21/31

2 FILER NAME
McLaughlin Jr., Don E.

3 Filer ID (Ethics Commission Filers)
00087820

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 22/31
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/9 Rpt: 23/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
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4 Date 01/02/2024	5 Payee name Axiom
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6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112
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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 Newspaper graphic
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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 01/02/2024	Payee name Axiom
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112
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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 Monthly Fee
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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 01/11/2024	Payee name Axiom
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Amount (\$) \$14,038.00	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Direct Mail	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mailers
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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: 2/9 Rpt: 24/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/19/2024	5 Payee name Axiom	
6 Amount (\$) \$7,568.00	7 Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Direct Mail	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mailers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Axiom	
Amount (\$) \$9,503.00	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Direct Mail	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mailers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name Axiom	
Amount (\$) \$7,568.00	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Direct Mail	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mailers
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: 3/9 Rpt: 25/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/24/2024	5 Payee name Axiom	
6 Amount (\$) \$9,503.00	7 Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Direct Mail	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mailers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name Bonfire Data, LLC	
Amount (\$) \$153.83	Payee address; City; State; Zip Code 1001 Congress Ave Suite 100 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Data Request
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2024	Payee name Bottle N Bag	
Amount (\$) \$1,750.02	Payee address; City; State; Zip Code 1718 Milam St. Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Liquor for Fundraiser
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: 4/9 Rpt: 26/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/12/2024	5 Payee name CAZ Consulting	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 7720 Laura Lake Lane Fort Worth, TX 76126	
8 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 Campaign Verify Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2024	Payee name Cargil Photography	
Amount (\$) \$649.50	Payee address; City; State; Zip Code 1910 FM 117 Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photography	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headshots
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Delgado, Carlos	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 834 S. Getty #603 Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Band
Complete <u>ONLY</u> 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: 5/9 Rpt: 27/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
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4 Date 01/09/2024	5 Payee name Duhring, Victoria
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6 Amount (\$) \$157.92	7 Payee address; City; State; Zip Code 221 N. Getty St. Uvalde, TX 78801
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Reimbursement for table decoration for fundraiser
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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 01/03/2024	Payee name Elite Bartending Services
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Amount (\$) \$974.25	Payee address; City; State; Zip Code 1868 Grandstand Dr. San Antonio, TX 78238
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Bartender for fundraiser
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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 01/05/2024	Payee name Langford, Taylor
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1070 Hazy Hills Loop Dripping Springs, TX 78620
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Band for Fundraiser
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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: 6/9 Rpt: 28/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/12/2024	5 Payee name Laredo Morning Times	
6 Amount (\$) \$585.00	7 Payee address; City; State; Zip Code 5711 McPherson Suite 203-A Laredo, TX 78041	
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 Ad in paper
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/19/2024	Payee name Lilly & Company	
Amount (\$) \$2,746.60	Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701	
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 Monthly Retainer & Graphic Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2024	Payee name Lilly & Company	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701	
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 Monthly 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: 7/9 Rpt: 29/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
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4 Date 01/19/2024	5 Payee name Lilly & Company
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6 Amount (\$) \$5,818.54	7 Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701
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8 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 2 month retainer & direct mail postage
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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 01/19/2024	Payee name Lilly & Company
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Amount (\$) \$2,521.65	Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701
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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 Monthly Retainer & Graphic Design
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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 01/22/2024	Payee name Remington Research Group
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Amount (\$) \$2,153.62	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansan City, MO 64112
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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 Ads
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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: 8/9 Rpt: 30/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
4 Date 01/25/2024	5 Payee name Remington Research Group	
6 Amount (\$) \$21,708.40	7 Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansan City, MO 64112	
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 Text Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2024	Payee name Tidwell, Connie	
Amount (\$) \$911.20	Payee address; City; State; Zip Code 315 Mulberry St. Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Caterer for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/19/2024	Payee name US Post Office	
Amount (\$) \$66.00	Payee address; City; State; Zip Code 103 S. Getty Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Stamps
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: 9/9 Rpt: 31/31	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
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4 Date 01/09/2024	5 Payee name Unifirst
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6 Amount (\$) \$162.38	7 Payee address; City; State; Zip Code PO Box 650481 Dallas, TX 75265
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Linen for Fundraiser
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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 01/05/2024	Payee name Vista Print
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Amount (\$) \$121.22	Payee address; City; State; Zip Code 275 Wyman St. Waltham , MD 02451
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Thank you cards
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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 01/22/2024	Payee name Vistago Print
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Amount (\$) \$4,714.29	Payee address; City; State; Zip Code 6706 Lohman Ford Rd. Lago Vista, TX 78645
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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 Yard Signs
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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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