CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

File	•	ics Commission Filers)	2 Total pages filed:		OFFICE	USE ONLY
000	087820		31		Date Received	
	NDIDATE /	MS / MRS / MR	FIRST	MI	ELECTRONIC	CALLY FILED
OF NA	FICEHOLDER ME		Don E.		06/11/2024	
147 (NICKNAME	LAST	SUFFIX		
			McLaughlin	Jr.	Data Hand delivered	d or Date Postmarked
OR	IGINAL	January 15	Runoff	Other (specify)	Date Hand-delivered	d of Date Postmarked
RE	PORT TYPE	July 15	Exceeded modified reporting limi	 t	Receipt #	Amount
		$\boxed{\chi}$ 30th day before election	15th day after campaign treasure	er	_	
		8th day before election	appointment (officeholder only) Final Report (Attach C/OH-FR)		Date Processed	•
	JOHN DEDICE					
	IGINAL PERIOD VERED	, ,	ear Month THROUGH 01 <i>1</i> 5	Day Year	Date Imaged	
		01/01/2024	01/2	25/2024		
	PLANATION OF C	ORRECTION notices some contribution:				
AFI	FIDAVIT					
AFF	FIDAVIT		l swear, or affirn and correct.	n, under penalty of per	jury, that this correct	ted report is true
AFF	FIDAVIT		and correct.	n, under penalty of per		ted report is true
AFI	FIDAVIT		and correct. Check the box r Semiannu was made		icable statements: or affirm that the or	iginal report
AFF	FIDAVIT		and correct. Check the box r Semiannum was made misrepreson X Other repreport not that the reswear, or a	next to any and all appl ual reports: I swear, in good faith and with	icable statements: or affirm that the or out an intent to misle tained in the report. rm, that I am filing the iness day after the common content in the record in the common content in the	iginal report ead or to his corrected date I learned mplete. I
AFI	FIDAVIT		and correct. Check the box r Semiannum was made misrepreson X Other repreport not that the reswear, or a	next to any and all appl all reports: I swear, in good faith and with ent the information con orts: I swear, or affi later than the 14th bus port as originally filed i affirm, that any error or	or affirm that the or out an intent to misle tained in the report. rm, that I am filing th iness day after the c s inaccurate or incor omission in the repo	iginal report ead or to his corrected date I learned mplete. I
AFI	FIDAVIT		and correct. Check the box r Semiannum was made misrepreson X Other repreport not that the reswear, or a	next to any and all applications in good faith and without the information concepts: I swear, or affilater than the 14th bus port as originally filed in affirm, that any error or made in good faith.	icable statements: or affirm that the or out an intent to misle tained in the report. rm, that I am filing the iness day after the case inaccurate or incore omission in the reportangle.	iginal report ead or to his corrected date I learned mplete. I
		AMP / SEAL ABOVE	and correct. Check the box r Semiannum was made misrepreson X Other repreport not that the reswear, or a	next to any and all applications in good faith and with ent the information concepts: I swear, or affilater than the 14th bus port as originally filed in affirm, that any error or nade in good faith. Don E. McL	icable statements: or affirm that the or out an intent to misle tained in the report. rm, that I am filing the iness day after the case inaccurate or incore omission in the reportangle.	iginal report ead or to his corrected date I learned mplete. I
Al	FFIX NOTARY ST		and correct. Check the box r Semiannu was made misreprese X Other rep report not that the re swear, or a filed was r	next to any and all applications in good faith and without the information concerns: I swear, or affilater than the 14th bus port as originally filed i affirm, that any error or made in good faith. Don E. McL. Signature of Candid	or affirm that the or out an intent to misle tained in the report. rm, that I am filing the iness day after the case inaccurate or incore omission in the report. aughlin Jr. late or Officeholder	iginal report ead or to his corrected date I learned mplete. I ort as originally
Al	FFIX NOTARY ST worn to and subsc	ribed before me, by the sa	and correct. Check the box r Semiannum was made misrepreson X Other repreport not that the reswear, or a	next to any and all applications in good faith and without the information construction orts: I swear, or affiliater than the 14th bus port as originally filed in affirm, that any error or made in good faith. Don E. McL Signature of Candid , th	or affirm that the or out an intent to misle tained in the report. rm, that I am filing the iness day after the case inaccurate or incore omission in the report. aughlin Jr. late or Officeholder	iginal report ead or to his corrected date I learned mplete. I ort as originally
AI Sı	FFIX NOTARY ST worn to and subsc	ribed before me, by the sa	and correct. Check the box r Semiannu was made misreprese X Other rep report not that the re swear, or a filed was re	next to any and all applications in good faith and without the information construction orts: I swear, or affiliater than the 14th bus port as originally filed in affirm, that any error or made in good faith. Don E. McL Signature of Candid , th	or affirm that the or out an intent to misle tained in the report. rm, that I am filing the iness day after the case inaccurate or incore omission in the report. aughlin Jr. late or Officeholder	iginal report ead or to his corrected date I learned mplete. I ort as originally

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commis 00087820	sion Filers)	2 Total pages file 3			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Don E.		MI	OFFICE U	JSE ONLY		
NAME		DON E.			Date Received ELECTRONICA	ALLY FILED		
	NICKNAME	LAST		SUFFIX	 06/11/2024			
		McLaughlin		Jr.				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked		
OFFICEHOLDER MAILING ADDRESS	PO Box 1707				Receipt #	Amount		
Change of Address	Uvalde, TX 78802							
	Ovalue, 17(10002				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER NAME		Steve						
	NICKNAME	LAST		SUFFIX				
		McNew						
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE):	ΔΡΤ	/ SUITE #; CITY;	STA	TE; ZIP CODE		
TREASURER ADDRESS	PO Box 1707	O BOXT ELAGE),	Al I	730ΠΕ π,	317	TIE, ZII CODE		
(Residence or Business)	Uvalde, TX 78802							
7 CAMPAIGN TREASURER	AREA CODE PHO	NE NUMBER E	EXTENSION					
PHONE	(830) 278-7157							
8 REPORT TYPE	January 15	X 30th day before	election	Runoff	15th day after can			
	<u></u>	_			appointment (office			
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)		
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	01/01/2024	TH	IROUGH	01/25/202	4			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	XP	rimary	Runoff	Other			
	03/05/2024	G	eneral	Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)			
	State Representative Dis	strict 80 Uvalde		State Represent	ative District 80			
	1			I				
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 31

13 C / OH NAME	McLaughlin Jr., Don I	≣.	14 Filer ID (00087820	(Ethics Commission File	rs)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in Inficeholders are required to report this information	the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			\dashv
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.	.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 58,612	.67
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0	.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 102,624	.42
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 109,484	.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.	.00
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Don	E Mal aughlin Jr		
			E. McLaughlin Jr. Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	-	canadate of emocritic		
		aid	, this the	day	
of					
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4 of 31

				4 of 31		
18 FILER NAME	E n Jr., Don E.	19 Filer ID 00087820	(Ethics Commiss	ion Filers)		
20 SCHEDULE NAME OF S	SUBTOTALS		SUBTOTAL	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	47,504.57		
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				11,108.10		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4. X	SCHEDULE E: LOANS		\$	0.00		
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					
			-			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	nplete this forr	n.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 5/31	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 01/03/2024	 5 Full name of contributor out-of Arnim, Cecil 6 Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$161.90
8	Principal occu	Houston 77057 Namibia pation / Job title (See Instructions)	l g	Employer (See Instructions	.)		
	Banker			Veritex Bank	,		
	Date 01/02/2024	Full name of contributor out-of Arthur, Barbara Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$208.20
		Ruidoso, NM 88345					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		
	Date 01/05/2024	Full name of contributor out-of Beasley, Shannon Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Castroville, TX 78009					
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Shannon Beasley Realty			
	Date 01/05/2024	Beasley, Shannon	-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Shannon Beasley Realty			
	Date 01/05/2024	Full name of contributor out-of Brauchle, Scott Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$400.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Farmer	5)		
			,				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 6/31	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 01/10/2024	Briscoe, Chip	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Dringing oggu	Carrizo Springs, TX 78834	lo-	Employer (See Instructions			
0	Self	pation / Job title (See Instructions)		Employer (See Instructions Rancher)		
	Date 01/04/2024	Capt, Carper Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired Self			Self			
	Date 01/05/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
		Uvalde, TX 78801					
	Principal occu Investement	pation / Job title (See Instructions) s		Employer (See Instructions Self)		
	Date 01/10/2024	Full name of contributor ocargil, Nancy Contributor address; City; State; Z Uvalde, TX 78801				Amount of Contribution (\$)	\$1,000.00
	Principal occu Photographe	pation / Job title (See Instructions)		Employer (See Instructions Cargil Photography)		
	Date 01/11/2024	Full name of contributor of clayton, Sally Contributor address; City; State; Z)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Clayton & Clayton, PC)		
			'				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 7/31	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 01/05/2024	5 Full name of contributorDorflinger, Max6 Contributor address; City; Sta	out-of-state PAC (ID#: ute; Zip Code)	7	Amount of Contribution (\$)	\$300.00
_	Deire die alle access	Uvalde, TX 78801	lo.		Ĺ		
8	Detective	pation / Job title (See Instructions)	9	Employer (See Instructions Uvalde Police Dept.	5)		
	Date 01/04/2024	Full name of contributor Garnett, Craig Contributor address; City; Sta				Amount of Contribution (\$)	\$323.80
	Uvalde, TX 78801 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Frankrije (Gaalinatiina)	Ĺ		
	Principal occu Pubisher	pation / Job title (See Instructions)		Uvalde Leader News	5)		
	Date 01/05/2024	Full name of contributor Graves, Browder Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$500.00
		Uvalde, TX 78801					
	Principal occu Taxidermy	pation / Job title (See Instructions)		Employer (See Instructions Graves Taxidermy	i)		
	Date 01/05/2024	Full name of contributor Griffith, Gene Contributor address; City; Sta Uvalde, TX 78801	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/22/2024	Full name of contributor Gulf States Toyota Contributor address; City; Sta Houston, TX 77077	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 8/31	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 01/03/2024	Hall, Kelly 6 Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$323.80
8	Principal occu	Dvalde, TX 78801 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>.</u>		
	Office Manag			Eye Center of Uvalde	,		
	Date 01/05/2024	Full name of contributor ou harpole, Willis Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$500.00
		Boerne, TX 78008					
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Cinco Family Holdings	5)		
	Date 01/05/2024	Full name of contributor ou Hellums, Phyllis Contributor address; City; State; Zi	ıt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$150.00
	Delinational	Uvalde, TX 78801		For all and (On a london ation of	Ĺ		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/03/2024	Full name of contributor ou Hendler, Barry Contributor address; City; State; Zi Uvalde, TX 78802	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions American Lumber Co.	()		
	Date 01/05/2024	Full name of contributor ou Hiebert, Nathan Contributor address; City; State; Zi Uvalde, TX 78801	p Code			Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 9/31	
2	FILER NAME McLaughlin			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 01/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Hindes 71 Livestock, LP 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_	Drivainal	Charlotte, TX 78011	O Frankright (Cook keets et in 19			
8	Рппсіраї осси	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_ Huffstutler, Kerry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Emplo			Employer (See Instructions			
	Realtor	pation / Job title (See Instructions)	Self	,		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_ Irwin Brothers Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_ Irwin, Scott Contributor address; City; State; Zip Code Houston, TX 77019)		Amount of Contribution (\$)	\$161.90
	Principal occu Pipe Sales	pation / Job title (See Instructions)	Employer (See Instructions Apex Steel Pipe)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Ives, Jeanne Contributor address; City; State; Zip Code Wheaton, IL 60189			Amount of Contribution (\$)	\$104.10
	Principal occu Surgeon	pation / Job title (See Instructions)	Employer (See Instructions Spiers Group)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 10/31	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 01/03/2024	5 Full name of contributor Ivey, Lisa6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$260.25
8	Drincinal occu	Terlingua, TX 79852 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Employer (See Instructions	·/_		
0	Hospitality	pation / Job title (See Instructions)		Self Employed	•)		
	Date 01/02/2024	Full name of contributor Joe, Elder Contributor address; City; St)		Amount of Contribution (\$)	\$5,000.00
	Deinainal assu	Uvalde, TX 78802	, I		Frankrian (Cook bashirations	<u></u>		
	Owner	pation / Job title (See Instructions)		Employer (See Instructions Elderado Properties	5)		
	Date 01/05/2024	Full name of contributor Jones, Ginger Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$1,041.02
		Hondo, TX 78861				_		
	Principal occu Farmer	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/05/2024	Full name of contributor Kimball Fabrication Contributor address; City; St Uvalde, TX 78801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 01/05/2024	Full name of contributor Kinder, Pepper Contributor address; City; St Uvalde, TX 78801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u>'</u>					

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 11/31	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 01/05/2024	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$300.00
_	Daine in all access	Uvalde, TX 78801	lo.	Fundament (Constructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Rancher	5)		
	Date 01/02/2024	Full name of contributor Kolinek, Bill Ed Contributor address; City; State				Amount of Contribution (\$)	\$50.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	,		Uvalde CISD	,		
	Date 01/02/2024	Full name of contributor Koontz, Bart Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$104.10
		San Antonio, TX 78212					
	Principal occu Real Estate	pation / Job title (See Instructions) Agent		Employer (See Instructions Koontz Corp.	5)		
	Date 01/05/2024	Full name of contributor Korbell, Gayle Contributor address; City; State Con Can, TX 78838	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Frio Dry Fifty	()		
	Date 01/05/2024	Full name of contributor Kruse, Jo Anna Contributor address; City; State Uvalde, TX 78801	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$250.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Ben E. Keith	<u> </u>		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 12/31		
2	FILER NAME McLaughlin			3	Filer ID (Ethics Commission 00087820	on Filers)	
4	Date 01/05/2024	5 Full name of contributor out-of-state PAC (ID#:_Lancaster, Ainselee 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$323.80	
_	Deinsinal	Uvalde, TX 78801	10 Familiary (0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
8	Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Self Employed)			
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_Langford, HT Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00	
	Dringing ogg	Uvalde, TX 78801	Employer (See Instructions				
	Owner	ipation / Job title (See Instructions)	Langford Investments)			
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:_Lozano, Hugo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		Houston, TX 77056					
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Q2 Technologies.com)			
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:_McGehee, Tane Contributor address; City; State; Zip Code Uvalde, TX 78801			Amount of Contribution (\$)	\$250.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:_McKeller, Michael Contributor address; City; State; Zip Code Midland, TX 79705			Amount of Contribution (\$)	\$1,041.02	
	Principal occu Insurance A	pation / Job title (See Instructions) gent	Employer (See Instructions MMA Southwest)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E 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 00087820	n Filers)	
4	Date 01/05/2024			7	Amount of Contribution (\$)	\$300.00		
_	Dringing age	Uvalde, TX 78802	ام	Employer (See Instructions	<u></u>			
8	Vice Preside	pation / Job title (See Instructions) nt	l ⁹	Employer (See Instructions DKM Enterprises	o)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/05/2024 McWorther, Janice Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$300.00			
		Uvalde, TX 78801						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)			
	Date 01/04/2024	Full name of contributor out-of-state PAC Neal & Lori Brewster Farms Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$300.00	
		Uvalde, TX 78801						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 01/05/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00	
	Principal occu Owner	Uvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions Reno Rentals	<u> </u> s)			
	Date 01/05/2024	Full name of contributor out-of-state PAC Nuetze, Tad Contributor address; City; State; Zip Code Uvalde, TX 78801)		Amount of Contribution (\$)	\$300.00	
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Storage Solution	5)			
	-			<u> </u>				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE		
	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 00087820	on Filers)	
4	Date 01/02/2024			7	Amount of Contribution (\$)	\$5,205.08		
•	Dringing Lagge	Uvalde, TX 78801	lo.	Employer (Coa Instructions				
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Rancher)			
	Date 01/04/2024	Full name of contributor Parman, BD Contributor address; City; State)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	San Antonio, TX 78248 pation / Job title (See Instructions)		Employer (See Instructions)			
	Owner Fulcrum Properties							
	Date 01/05/2024	Full name of contributor [Phillips, Nathan Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$300.00	
		Uvalde, TX 78802						
	Principal occu Farmer	pation / Job title (See Instructions)		Employer (See Instructions McFadin Farms)			
	Date 01/05/2024	Full name of contributor Price, Robert Contributor address; City; Stat Uvalde, TX 78801	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$208.20	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Self)			
	Date 01/05/2024	Full name of contributor RWK Special, LLC Contributor address; City; Stat Uvalde, TX 78802	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$600.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
			1					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE 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	ER NAME Laughlin Jr., Don E.		3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 01/05/2024			7	Amount of Contribution (\$)	\$500.00
_	Deinsinal	San Antonio, TX 78216				
8	Self	pation / Job title (See Instructions)	9 Employer (See Instructions AFA Holdings)		
	Date Full name of contributor out-of-state PAC (ID#:) Roberts, Matthew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Dringinal occu	Uvalde, TX 78801	Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Farmer Employer (See Instruction Self)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/17/2024 Roosa, Mary Anna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00	
		Con Can , TX 78838				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_Sanderlin, Tex Contributor address; City; State; Zip Code Knippa, TX 78870)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 01/06/2024	Full name of contributor out-of-state PAC (ID#:_Schrutka, Misti Contributor address; City; State; Zip Code Uvalde, TX 78801)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions DKM Enterprises)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	.E A1	
	The Instruction Guide explains how to complete this form.			n.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 16/31		
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	n Filers)	
4	Date 01/05/2024			7	Amount of Contribution (\$)	\$600.00		
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	9	Employer (See Instructions	 			
	Sales	,		DKM Enterprises	,			
	Date 01/05/2024				Amount of Contribution (\$)	\$150.00		
		Uvalde, TX 78801						
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired		5)						
	Date 01/05/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$150.00	
	5	Brackettville, TX 78832		-	<u></u>			
	County Attor	pation / Job title (See Instructions) ney		Employer (See Instructions Kinney County	5)			
	Date 01/05/2024	Smith, Cody)		Amount of Contribution (\$)	\$150.00	
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions First State Bank of Uval				
	Date 01/05/2024	Speer Electric				Amount of Contribution (\$)	\$300.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			l					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1		
	The Instru	ction Guide explains how t	to complete this for	rm	ı.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 17/31	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 01/25/2024			7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)			Employer (See Instructions)		
Ü	Policy Advoc				Self	,		
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:) Spreen, Sara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10		
		San Antonio, TX 78230						
	Principal occupation / Job title (See Instructions) Ministry Support St. Luke's Episcopal Ch				h			
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:) Stanfield, Edward Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
		Uvalde, TX 78801						
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Self)		
	Date 01/02/2024	Full name of contributor Sutherlan, Tammi Contributor address; City; Stat Uvalde, TX 78801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$323.80
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Self)		
	Date 01/05/2024	Full name of contributor Sutherland, Macy Contributor address; City; Stat Uvalde, TX 78801	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$150.00
	Principal occu Clerk	pation / Job title (See Instructions)			Employer (See Instructions Texas Ag Equipment)		
	SICIN				Tondo / 19 Equipment			

	MONETARY POLITICAL CONTRIBUTIONS					E 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 00087820	on Filers)
4	Date 01/05/2024	01/05/2024 Teague, Ryan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$150.00		
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Orthopedic F							
	Date 01/11/2024	Full name of contributor Texas Automobile Dealers Contributor address; City; St)		Amount of Contribution (\$)	\$2,000.00
	Dringing con	Austin, TX 78701	, T		Employer (Coo Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	o)		
	Date 01/02/2024	Full name of contributor Tidwell, Walter Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
		Uvalde, TX 78801						
	Principal occu Pocurement	pation / Job title (See Instructions)		Employer (See Instructions DKM Enterprises	5)		
	Date 01/02/2024	Full name of contributor Wagnon, Robert Contributor address; City; St Houston, TX 77030	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Republic State Mortgag			
	Date 01/05/2024	Full name of contributor Watkins, Bwaumont Contributor address; City; St Uvalde, TX 78801	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$161.90
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Rancher	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE 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			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 01/05/2024			7	Amount of Contribution (\$)	\$150.00
_		Uvalde, TX 78801				
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/03/2024 Wilkerson, Sarah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$323.80	
	Dringing occur	Spring Branch, TX 78070	Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Owner Employer (See Instructions) Wilkerson's Gun Store)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/05/2024 Willis, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
		Uvalde, TX 78802				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Watermelons Unlimited)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_ Winston, Dorthy Contributor address; City; State; Zip Code Uvalde, TX 78801)		Amount of Contribution (\$)	\$500.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Julien's)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_Zamora, Emmanuel Contributor address; City; State; Zip Code Uvalde, TX 78801)		Amount of Contribution (\$)	\$323.80
	Principal occu Constable P	pation / Job title (See Instructions) ct. 6	Employer (See Instructions County of Uvalde)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/31 FILER NAME 3 Filer ID (Ethics Commission Filers) McLaughlin Jr., Don E. 00087820 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 8 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/24/2024 Greg Abbott Campaign \$10,525.60 | Digital Advertising 7 Contributor address; City; State; Zip Code Austin, TX 78767 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) 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 Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 01/09/2024 Ruiz Tables & Chairs \$582.50 Tables & chairs for Contributor address; City; State; Zip Code fundraiser Uvalde, TX 78801 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

PLE	OGED CONTRIBU	TIONS			SCHEDULE B
T	he Instruction Guide exp	plains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 21/31
2 FILER NA	AME hlin Jr., Don E.			3	
4	OF UNITEMIZED PLEDO	GES			\$ 0.
5 Date	6 Full name of pledgor 7 Pledgor Address;	out-of-state PAC (ID#		_) 8	Amount of pledge (\$) 9
10 0			Taa]	Check if travel outside of Texas. Complete Schedu
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See Ins	structi	ons)

LOANS				SCHEDU	ILE E
The Instruction Guide explains how	to complete this f	orm.		ages Schedule E: 11 Rpt: 22/31	
2 FILER NAME McLaughlin Jr., Don E.			3 Filer ID 000878	(Ethics Commission 320	r Filers)
4 TOTAL OF UNITEMIZED LOANS			•	\$	0.00
5 Date of loan 7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address; C	city; State;	Zip Code		10 Interest Rate	
				11 Maturity Date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instruction	s)		
14 Description of Collateral None		15 Check if personal funds w	ere deposited	d into political account (See Instructions	
16 GUARANTOR INFORMATION 17 Name of guarantor				19 Amount Guarant	eed (\$)
not applicable 18 Guarantor address; C	ity; State;	Zip Code			
20 Principal occupation		21 Employer (See Instruction	s)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
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
4 Date 01/02/2024	5 Payee name Axiom
6 Amount (\$) \$150.00	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) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper graphic
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date 01/02/2024	Payee name Axiom
Amount (\$) \$3,000.00	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) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date 01/11/2024	Payee name Axiom
Amount (\$) \$14,038.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mailers
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		sted above)
1	Total pages Schedule F1: Sch: 2/9 Rpt: 24/31	Z FILER NAME 3 Filer ID (Ethics Col McLaughlin Jr., Don E. 00087820	nmission Filers)
	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 Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Direct Mailers	т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	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 Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Direct Mailers	Т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	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 Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Direct Mailers	т.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 25/31	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	01/24/2024	Axiom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,503.00	800 W. 47th St.
		Suite 200
		Kansas City, MO 64112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Direct Mail Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Direct Mailers
		Direct Mallers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	Davies name
	01/22/2024	Payee name Bonfire Data, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.83	1001 Congress Ave
		Suite 100
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Data Request
		Baia Nequest
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/04/2024	Bottle N Bag
	Amount (\$) \$1,750.02	Payee address; City; State; Zip Code 1718 Milam St.
	\$1,750.02	1716 Willam St.
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Liquor for Fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experionale to benefit C/Or	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 4/9 Rpt: 26/31	McLaughlin Jr., Don E. 00087820		
4	Date	5 Payee name		
	01/12/2024	CAZ Consulting		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100.00	7720 Laura Lake Lane		
		Fort Worth, TX 76126		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Campaign Verify Reimbursement		
		Sampaigh Verny Reimbarsement		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
	Date	Payee name		
	01/15/2024	Cargil Photography		
H	Amount (\$)	Payee address; City; State; Zip Code		
	\$649.50	1910 FM 117		
	,			
		Uvalde, TX 78801		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE		Photography Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Headshots		
		ricadorioto		
⊢	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
⊨				
	Date	Payee name		
L	01/11/2024	Delgado, Carlos		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	834 S. Getty #603		
		Uvalde, TX 78801		
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Band		
\vdash	Complete ONLY if allowed	Condidate/Officeholder name		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/9 Rpt: 27/31	McLaughlin Jr., Don E. 00087820
4 Date	5 Payee name
01/09/2024	Duhring, Victoria
6 Amount (\$) \$157.92	7 Payee address; City; State; Zip Code 221 N. Getty St. Uvalde, TX 78801
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for table decoration for fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/03/2024	Elite Bartending Services
Amount (\$) \$974.25	Payee address; City; State; Zip Code 1868 Grandstand Dr.
	San Antonio, TX 78238
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bartender for fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/05/2024	Langford, Taylor
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1070 Hazy Hills Loop
	Dripping Springs, TX 78620
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Band for Fundraiser
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 6/9 Rpt: 28/31	McLaughlin Jr., Don E. 00087820		
4	Date	5 Payee name		
	01/12/2024	Laredo Morning Times		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$585.00	5711 McPherson		
		Suite 203-A		
		Laredo, TX 78041		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Ad in paper		
		, a iii papei		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	-1		
	Date	Payee name		
	01/19/2024	Lilly & Company		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,746.60	1005 Congress Ave		
		Suite 400		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Monthly Retainer & Graphic Design		
		Monthly Notainer & Oraphile Besign		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH				
	Date	Payee name		
	01/17/2024	Lilly & Company		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,500.00	1005 Congress Ave		
		Suite 400		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Monthly Retainer		
		Monthly Netainer		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Se	rds/Memorials Expenservices struction Guide e	Salaries/\	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	ove)
1	Total pages Schedule F1:	2	EII ER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
_	Sch: 7/9 Rpt: 29/31	ı	McLaughlin Jr., D	on E.					00087820	(241103 3011111133	1011 1 11013)
4	Date	5	Payee name								
	01/19/2024		Lilly & Company								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$5,818.54		1005 Congress A	ve							
			Suite 400								
			Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categ	ories listed at the top of	of this schedule)	(b)	Description				
	OF		Consulting Expen		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						_		officeholder living		
							2 month retai	inei	r & direct ma	ail postage	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officehold	er name	Office sou	ught			Office he	eld	
	Date		Payee name								
	01/19/2024		Lilly & Company								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$2,521.65		1005 Congress A	ve							
			Suite 400								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categ	ories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Consulting Expen	se					de of Texas. Com		
							—		officeholder living		
							Monthly Reta	une	i & Graphic	Design	
	Complete ONLY if direct		Candidate/Officehold	er name	Office sou	l ught			Office he	eld	
expenditure to benefit C/OH											
	Date	ı	Payee name								
	01/22/2024		Remington Resea	arch Group							
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$2,153.62		800 W. 47th St.								
			Suite 200								
			Kansan City, MO	64112							
	PURPOSE	(a)	Category (See Categ	ories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Advertising Exper				Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE						_	ı, TX,	officeholder living	j expense	
							Text Ads				
_	Complete ONLY if direct	<u> </u>	Candidate/Officehold	er name	Office sou	laht			Office he	-ld	
expenditure to benefit C/OH											

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 8/9 Rpt: 30/31	McLaughlin Jr., Don E. 00087820			
4	Date	5 Payee name			
	01/25/2024	Remington Research Group			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$21,708.40	800 W. 47th St.			
		Suite 200			
		Kansan City, MO 64112			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Text Ads			
		TEAL AUS			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	Date	Payee name			
	01/04/2024	Tidwell, Connie			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$911.20	315 Mulberry St.			
		Uvalde, TX 78801			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Caterer for Fundraiser			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
	Date	Payee name			
	01/19/2024	US Post Office			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$66.00	103 S. Getty			
		Uvalde, TX 78801			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense			
		Stamps Stamps			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 9/9 Rpt: 31/31	McLaughlin Jr., Don E. 00087820						
4	Date	5 Payee name						
	01/09/2024	Unifirst						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$162.38	PO Box 650481						
		Dallas, TX 75265						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Linen for Fundraiser						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Data							
	Date	Payee name						
	01/05/2024	Vista Print						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$121.22	275 Wyman St.						
		Waltham , MD 02451						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Printing Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Thank you cards						
		mank you cards						
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	01/22/2024	Vistago Print						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4,714.29	6706 Lohman Ford Rd.						
		Lago Vista, TX 78645						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Yard Signs						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/OI							