CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	e this form.	1 Filer ID (Ethics Comm 00080128		2 Total pages fi	led: 67
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Ernest J.			Date Received	
I WWE					ELECTRONIC	ALLVEILED
						ALLT FILED
		LAST		SUFFIX	07/15/2024	
		Bailes		IV		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
OFFICEHOLDER	P.O. Box 1232					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Charles TV 77271					
Change of Address	Shepherd, TX 77371				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr. E	Ernest J.				
	NICKNAME L			SUFFIX		
	E	Bailes		IV		
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE):	AP	T / SUITE #; CITY	· ST/	ATE; ZIP CODE
TREASURER	1020 Bailes Dairy Rd.	o, , ,		.,,	,	, 002_
ADDRESS	Total Balloo Bally Ital					
(Residence or Business)						
	Shepherd, TX 77371					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(936) 628-6280					
PHONE	(330) 020 0200					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
				_	appointment (offi	ceholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
				reporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	IROUGH	06/30/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	PI	rimary	Runoff	Other	
		│ □G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
III OFFICE	State Representative District	√t 1Ω		TZ OFFICE 300GH	i (ii kiiowii)	
	State Representative Distric	λ 10				
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 67

13 C / OH NAME	Bailes IV, Ernest J. (The Honorable)		14 Filer ID 00080128	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accept These expenditures may ha I officeholders are required	ave been made without t	the candidate's or offi	ceholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIB ES OF LOANS, OR CONTR				
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTR	RIBUTIONS WADE ELEC	CTRONICALLY)	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GU	ARANTEES OF LOANS	5)	\$	323,126.52
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	5,755.46
	4. TOTAL POLITIC		\$	378,317.50		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAIN RIOD	ITAINED AS OF THE LA	AST DAY OF THE	\$	92,486.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		true and	or affirm, under penalty d correct and includes al itle 15, Election Code.			
			The Honora	able Ernest J. Baile	es IV	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness my han	d and seal of office.			
Signature of office	cer administering	Printed name of office	r administering	Title of offic	er administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			CC	JVER SHE	3 of 67
	LER NAI ailes IV,	ME Ernest J. (The Honorable)	19 Filer ID 00080128	(Ethics Commis	sion Filers)
		E SUBTOTALS SCHEDULE		SUBTOTA	L AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	128,000.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	195,126.52
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	378,317.50
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10). [SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	ı. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3	Filer ID (Ethics Commission 00080128	on Filers)
4	Date 02/26/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Dein ein al. a a a	Austin, TX 78768	O Faralance (Octobration			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/26/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	· ····o.pa. ooda		p.o) o. (000ou uooo.	,		
	Date 02/25/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,500.00
		Dallas, TX 75265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_BNSF Railway Company RAILPAC Contributor address; City; State; Zip Code Fort Worth, TX 76161)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Randall Contributor address; City; State; Zip Code Cleveland, TX 77328)		Amount of Contribution (\$)	\$500.00
	Principal occu Construction	pation / Job title (See Instructions)	Employer (See Instructions Self)		
		·				

	MONET	ARY POLITICAL (CONTRIBUTIO	NS 		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)			3	Filer ID (Ethics Commission 00080128	ion Filers)
4	Date 02/26/2024	5 Full name of contributor Boating Trades Association6 Contributor address; City; Si			7	Amount of Contribution (\$)	\$500.00
Ĺ		Houston, TX 77054	,				
8	Principal occu	pation / Job title (See Instructions	(5)	9 Employer (See Instructions	5)		
	Date 02/28/2024	Full name of contributor Calpine PAC Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77002 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	·/-		
	Fillicipal occu	pation / Job title (See Instructions	5)	Employer (See instructions	·)		
	Date 02/26/2024	Full name of contributor Carriage House Partners Contributor address; City; S)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78767					
	Principal occu	pation / Job title (See Instructions	(5)	Employer (See Instructions	s)		
	Date 02/26/2024	Full name of contributor Caterpillar PAC Contributor address; City; S Irving, TX 75039	x out-of-state PAC (ID#: C	00148031)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor Charles Butt Public Educa Contributor address; City; Si San Antonio, TX 78209			•	Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3	Filer ID (Ethics Commission 00080128	on Filers)
4	Date 02/25/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00
_	Deinainal agai	Fort Worth , TX 76101	O Franks or (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Communications, Inc Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_ Colbert, Paul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Houston, TX 77035				
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Cook, Daniel Contributor address; City; State; Zip Code Cleveland, TX 77327)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Construction	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ County Officials PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS .		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)				3	Filer ID (Ethics Commission 00080128	on Filers)
4	Date 02/26/2024	5 Full name of contributorDennison, Gary6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$200.00
_	<u> </u>	Liberty, TX 77575	,	_	5 1 (0 1 1 1			
8	retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions retired	5)		
	Date 02/25/2024	Full name of contributor Driscoll, Peter Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Principal occu	Katy, TX 77450 pation / Job title (See Instructions	6)		Employer (See Instructions	 s)		
	retired				retired			
	Date 03/01/2024	Full name of contributor Dwyer, Sandra Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Houston, TX 77059						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 02/26/2024	Full name of contributor Gottesman, Sanford Contributor address; City; S Austin, TX 78703)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	5)		
	Date 02/26/2024	Full name of contributor Harper, Alan Contributor address; City; S Arlington, TX 76016	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$500.00
	Principal occu construction	pation / Job title (See Instructions	5)		Employer (See Instructions self	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3	Filer ID (Ethics Commission 00080128	on Filers)
4	Date 02/25/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
Ω	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)	Employer (See Instructions	·,		
0	Fillicipal occu	pation / Job title (See Instructions)	5 Employer (See instructions	»)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Hughes, Toni Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Livingston, TX 77351				
	Principal occu Rancher	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:) Independent Electrical Contractors of Texas PAC Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/25/2024				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 02/28/2024	Full name of contributor	00128512		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)			3	Filer ID (Ethics Commission 00080128	on Filers)
4	Date 02/28/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Danbury, TX 77534 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>;)</u>		
Ŭ	Retired	pation / cos title (eee instructions)		Retired	,,		
	Date 02/26/2024	Full name of contributor out-of-state PAC (II Jolly, Jamee Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Dringing aggr	Plano, TX 75075		Employer (See Instructions	<u>''</u>		
	Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions INsperity	·)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (II Lyondell Chemical Company PAC Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77010					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (II McMurrey, Frank Contributor address; City; State; Zip Code Coldspring, TX 77331)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Estate Mana	pation / Job title (See Instructions) ger		Employer (See Instructions Self	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (II Means, Stephen Contributor address; City; State; Zip Code New Waverly, TX 77358	. D#:		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Stephen H Means & As		ciates	
			1				

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)			3	Filer ID (Ethics Commission 00080128	on Filers)
4	Date 02/26/2024	 Full name of contributor	as Public		7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77057					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/25/2024	Full name of contributor out-of-state PA Perkins, Arthur Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77098 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Attorney			Self	,		
	Date 03/01/2024	Full name of contributor out-of-state PA Pickett Oilfield LLC Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$100.00
		Hardin, TX 77561					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/25/2024	Full name of contributor out-of-state PA Pioneer Natural Resources USA, Inc. Te: Contributor address; City; State; Zip Code Irving, TX 75038	xas PAC			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/26/2024	Full name of contributor out-of-state PA Pipefitters' Local Union No. 211 Contributor address; City; State; Zip Code Deer Park , TX 77536				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/67
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080128
4	Date 02/26/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$1,500.00
_	Daine in all account	Houston, TX 77249	O Faralance (Construction		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Southern Crop Production Assn PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$250.00
	Principal occu	Wetumpka , AL 36092 pation / Job title (See Instructions)	Employer (See Instructions	·,	
	r inicipal occu	pation / Job title (See Instructions)	Employer (See instructions)	
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC/Texas Association of Realtors PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$5,000.00
		Austin, TX 78768			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC/Texas Association of Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768)		Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_ TX Diamondback Energy, Inc. PAC Contributor address; City; State; Zip Code Midland, TX 79701			Amount of Contribution (\$) \$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3	Filer ID (Ethics Commission 00080128	on Filers)
4	Date 02/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Logg	Austin, TX 78701	O Employer (Coe Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/27/2024	Full name of contributor			Amount of Contribution (\$)	\$2,000.00
	Dringing age	Austin, TX 78701	Employer (Coo Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/25/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Consumer Lenders PAC Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Corn PAC Contributor address; City; State; Zip Code Lubbock, TX 79403)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	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: 10/13 Rpt: 13/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3	Filer ID (Ethics Commission 00080128	on Filers)
4	Date 02/26/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$750.00
_		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Forestry Assoc. PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Lufkin, TX 75902 pation / Job title (See Instructions)	Employer (See Instructions)		
	•	,				
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Hospital Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Nursery & Landscape Association, PAC Contributor address; City; State; Zip Code Austin, TX 78745			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)		3	Filer ID (Ethics Commission 00080128	n Filers)
4	Date 02/25/2024	 Full name of contributor		7	Amount of Contribution (\$) \$	\$25,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Anesthesiologists PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#: Texas Society of Certified Public Accountants Paccountaints Paccountributor address; City; State; Zip Code Dallas, TX 75254			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Certified Public Accountants PA Contributor address; City; State; Zip Code Dallas, TX 75254	AC		Amount of Contribution (\$)	\$400.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ETARY POLITICAL CONTRIBUTIONS SCHEDU			_E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)	3	Filer ID (Ethics Commission 00080128	on Filers)	
4	Date 02/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal annu	Austin, TX 78763	O Francis var (Cap Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Teachers Association-PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78739 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Wildlife Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	New Braunfels , TX 78132 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas our Texas PAC Contributor address; City; State; Zip Code Austin, TX 78767)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor	C00284885)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/67	
2	FILER NAME Bailes IV, Er	nest J. (The Honorable)	3	Filer ID (Ethics Commission 00080128	on Filers)	
4	Date 02/25/2024	 Full name of contributor out-of-state PAC (ID#: The Storage Place Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$500.00	
_		Corpus Christi , TX 78412	I	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Turner, Pam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing aggr	Dayton, TX 77535	Employer (See Instructions	·/		
	retired	pation / Job title (See Instructions)	Employer (See Instructions retired	·)		
	Date 02/25/2024				Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/26/2024	Full name of contributor x out-of-state PAC (ID#: Wal-PAC Contributor address; City; State; Zip Code Bentonville, AR 72716-0150	1563385		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_Wilbanks, Chad Contributor address; City; State; Zip Code Austin, TX 78738			Amount of Contribution (\$)	\$250.00
	Principal occu Public Affairs	pation / Job title (See Instructions)	Employer (See Instructions The Wilbanks Group	5)		
			1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/7 Rpt: 17/67
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bailes IV, E	rnest J. (The Honorable)		00080128
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
02/28/2024		nd	contribution (\$) description \$1,026.72 Text Messaging
	7 Contributor address; City; State; Zip Code		
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
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 contribute	or's spouse (if any) (FOR JUDICIAL)
40 11			
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			I a care I are a compa
Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
02/20/2024	Associated Republicans of Texas Campaign Fu	iu	\$983.52 Text Messaging
	Contributor address; City; State; Zip Code		
			;
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
Continuators	employemaw iiiii (i ON 3001CIAL)	Law IIIII of Contribute	or a spouse (if arry) (if Ort addictAE)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
03/07/2024	Associated Republicans of Texas Campaign Fu	nd	contribution (\$) description
	Contributor address; City; State; Zip Code		\$904.77 Text messaging
	A TV 70704		_
Duin sin al a sa	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	J-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	p		(
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/7 Rpt: 18/67
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	rnest J. (The Honorable)		00080128
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
02/26/2024			\$40,608.821HTTV Direct LLC: Inkind
	7 Contributor address; City; State; Zip Code		Polling
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-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 contribute	or'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 out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
02/26/2024	Charles Butt Public Education PAC		\$15,983.98 Targeted Creative
	Contributor address; City; State; Zip Code		Communications
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
Continuators	employemaw iiiii (i OK 30DICIAL)	Law IIIII of Contribute	or a spouse (if arry) (if Ort addictAE)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ı	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
02/26/2024	Charles Butt Public Education PAC		contribution (\$) description
	Contributor address; City; State; Zip Code		\$14,325.00 Targeted Creative Communications
	San Antonio, TX 78209		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-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 contribute	or's spouse (if any) (FOR JUDICIAL)
10			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2:
. = = = =			Sch: 3/7 Rpt: 19/67
2 FILER NAME Bailes IV, E	rnest J. (The Honorable)		3 Filer ID (Ethics Commission Filers)00080128
4	CHARTENIZED IN MIND DOLLTICAL CONTRID	LITIONS	¢
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
02/26/2024	Charles Butt Public Education PAC		\$13,320.47 Targeted Creative
	7 Contributor address; City; State; Zip Code		Communications
	Can Antonia TV 70200		_
10 Deinsins Lass	San Antonio, TX 78209	14 Franksias (FOR NON	Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / 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 contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of In-kind contribution
02/26/2024	Charles Butt Public Education PAC		contribution (\$) description
	Contributor address; City; State; Zip Code		\$12,472.47 Targeted Creative
	Contributor address, City, State, 21p Code		Communications
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
02/26/2024	Charles Butt Public Education PAC		contribution (\$) description
	Contributor address; City; State; Zip Code		\$13,320.47 Targeted Creative Communications
	7,		Communications
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / 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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 4/7 Rpt: 20/67
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	rnest J. (The Honorable)		00080128
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
02/26/2024			\$12,472.47 Targeted Creative
	7 Contributor address; City; State; Zip Code		Communications
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
02/26/2024	Charles Butt Public Education PAC		\$12,472.47 Targeted Creative
	Contributor address; City; State; Zip Code		Communications
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
	reference (FOR AURIOIAL)	0	(FOR HIDIOIAL) (Considerations)
Continutors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
			, , , , , , , , , , , , , , , , , , , ,
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution
02/26/2024	Charles Butt Public Education PAC		contribution (\$) description \$14,325.00 Targeted Creative
	Contributor address; City; State; Zip Code		Communications
			l i
	San Antonio, TX 78209		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ii continutori	is a simu, law litti of paretil(s) (if ally) (FOR JODICIAL)		

SCH	HED	UL	E	Α2

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 5/7 Rpt: 21/67
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	rnest J. (The Honorable)		00080128
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
02/28/2024	Defend Rural Texas PAC		contribution (\$) description \$11,335.31 Campaign Mailer
	7 Contributor address; City; State; Zip Code		
			_
	Austin, TX 78701	1	Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-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 contribute	or'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 out-of-state PAC (ID#:)	Amount of In-kind contribution
02/29/2024	Defend Rural Texas PAC		contribution (\$) description
	Contributor address; City; State; Zip Code		\$7,000.00 Digital Advertising
			į į
			į
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution
03/03/2024	Defend Rural Texas PAC		contribution (\$) description \$5,400.00 GOTV Phone Calls and
	Contributor address; City; State; Zip Code		Messages
			_
	Austin, TX 78701	1	Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Combuiloutoulo	principal accumpation (FOR HIDIOIAL)	Constribute do la la titla	(FOR HIDIOIAL) (Conjuntrations)
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributorio	omployor/low firm (EOR HIDIOIAL)	Low firm of contribute	orls spause (if apply (EOD 311DICIAL)
Continution's	employer/law firm (FOR JUDICIAL)	Law IIIIII OI CONTINUTO	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
ii continutori	is a clinia, law litti of paretit(s) (ii atry) (FOR JODICIAL)		
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The Instru	ection Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 6/7 Rpt: 22/67
2 FILER NAME	i		3 Filer ID (Ethics Commission Filers)
Bailes IV, E	rnest J. (The Honorable)		00080128
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
02/27/2024	Defend Rural Texas PAC		contribution (\$) description \$11,335.31 Mailer
	7 Contributor address; City; State; Zip Code		1
			į
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
	,		,
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 contribute	or'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 ut-of-state PAC (ID#:)	Amount of In-kind contribution
03/05/2024	Protect and Serve Texas PAC		contribution (\$) description \$4,547.541In Kind Campaign
	Contributor address; City; State; Zip Code		Expenditure: Campaign
			Digital Messages
	Austin, TX 78767		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)
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Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution
02/29/2024	TREPAC/Texas Association of Realtors PAC		contribution (\$) description \$178.76 Voter Phone Data
	Contributor address; City; State; Zip Code		Reconciliation in support
			į
	Austin, TX 78768		_ ;
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.
Filicipal occi	apadon 7 300 title (1 OK NON-30DICIAE) (300 maradions)	Employer (1 OK NOK	PODICIAL) (GGG IIIGIIGGIIGIIG)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	,		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 23/67 3 Filer ID (Ethics Commission Filers) FILER NAME Bailes IV, Ernest J. (The Honorable) 00080128 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/25/2024 **Texas Parent PAC** \$3,113.44 Campaign data consultant 7 Contributor address; City; State; Zip Code and campaign mailing Austin, TX 78703 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 1/44 Rpt: 24/67		Bailes IV, Er	nest J. (The H	onorable)					00080128		
4	Date	5	Payee name									
	02/25/2024		936 Media									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$4,500.00		1050 Johnni	e Dodds Blvd l	Jnit 2414							
			Mount Pleas	ant , SC 29465	5							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Advertising I		·			=			plete Schedule T.	
	EXI ENDITORE							—		officeholder living		
								Commerciai s	sno	ot and prod	uction expense	
Ļ	Operation ONLY if allowed	L_	0	-1-1-1		((:	4			Off: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	enoluer name	Oi	ffice sou	gnt			Office h	eiu	
	Date		Payee name									
	02/27/2024		A Silver Lini	ng ————								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$791.35		2559 North I	Main Street								
			Liberty									
			TX, TX 7757	' 5								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	EXPENDITURE		Advertising I	Expense				=		de of Texas. Com officeholder living	plete Schedule T.	
								Campaign Pr				
								, 3		'		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/08/2024		Addington, S	Sam								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$2,000.00		189 County	-	·	·						
			Dayton, TX	77535								
	PURPOSE	(a)		e Categories listed at t	ha tan af thia aaba	dula)	(b)	Description				
	OF	(-,	Advertising I		ne top of this sched	dule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		· ····································					_		officeholder living		
								Campaign filn	n fo	ootage expe	ense	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
		•										

SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
	Sch: 2/44 Rpt: 25/67	Bailes IV, Ernest J. (The Honorable) 00080128	
4	Date	5 Payee name	_
	04/06/2024	Adler, David	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$10,000.00	1415 N Loop W # 905	
		Houston, TX 77008	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Legal Counsel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	03/01/2024	Allen, Jessica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	11316 Alhambra Dr	
		Austin, TX 78759	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contract Wages	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/01/2024	Allen, Jessica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	11316 Alhambra Dr	
		Austin, TX 78759	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contract wages	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	7	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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: 3/44 Rpt: 26/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	05/01/2024	Allen, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	11316 Alhambra Dr

		Austin, TX 78759
8	DUDDOCE	
ľ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/01/2024	Allen, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	11316 Alhambra Dr
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Wages
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorate to benefit C/O	<u>'</u>
	Date	Payee name
	02/25/2024	Allen, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	11316 Alhambra Dr
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Contract Wages
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 4/44 Rpt: 27/67	Bailes IV, Ernest J. (The Honorable) 00080128	
4	Date	5 Payee name	_
	03/08/2024	Amazon Marketplace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.32	PO Box 81226	
		Seattle, WA 98108	
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 Campaign Event Expense	
		Campaign Event Expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
H	Date	Payee name	=
	04/30/2024	Amazon Marketplace	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$41.50	PO Box 81226	
	,		
		Seattle, WA 98108	
┝	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office supplies expense	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕			_
	Date	Payee name	
	04/23/2024	Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.62	PO Box 81226	
		0	
L		Seattle, WA 98108	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office supply expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com		Gift/Awards/Memo Legal Services	·		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
		_			Guide explains	S HOW TO CO	mple	ete uns form.	_		
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)
_	Sch: 5/44 Rpt: 28/67	⊢		rnest J. (The	Honorable)					00080128	
4	Date		Payee name								
	04/08/2024		Amazon Ma	rketplace							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de				
	\$12.96		PO Box 812	26							
			Seattle, WA	98108							
8	PURPOSE	-			at the top of this so	shadula)	(b)	Description			
	OF			e Categories listed nead/Rental		inedule)	(~)	:	outsi	ide of Texas. Con	nplete Schedule T.
	EXPENDITURE		JINGE OVEII	ioda/INGIIIAI I	_лропас			므		, officeholder livin	
								Office supply	ex	pense	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	<u> </u>	Office sou	ght			Office h	eld
	expenditure to benefit C/O	Н									
	Date		Payee name								
	03/11/2024		Amazon Ma	rketplace							
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de				
	\$77.93		PO Box 812	26							
			Seattle, WA	98108							
_	DUDDOCE	 				ı	/h\	D			
	PURPOSE OF				at the top of this so	chedule)	(a)	Description Check if travel	Untei	ide of Tevas Con	nplete Schedule T.
	EXPENDITURE		Office Overl	nead/Rental I	=xpense			=		, officeholder livin	
								Office supply			♥ #* **
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	<u> </u>	Office sou	ght			Office h	eld
	expenditure to benefit C/OH										
H	Date	Г	Dayco nama								
		ı	Payee name	rkatalaca							
	03/07/2024	┡	Amazon Ma								
	Amount (\$)	ı	Payee addres		State	e; Zip Co	de				
	\$10.23		PO Box 812	26							
			Seattle, WA	98108							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Office Overl	nead/Rental I	Expense			_			nplete Schedule T.
										, officeholder livin	g expense
								Office supply	ex	pense	
	Commission ONU Wife allows	Ļ	Sandidet - 10 "			Office	ء اد د			Office 1	ald
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	!	Office sou	gnt			Office h	eiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 6/44 Rpt: 29/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	03/07/2024	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.23	PO Box 81226
		Seattle, WA 98108
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supply expense
		Since supply superior
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2024	Arena LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,682.64	1260 Stringham Avenue, Suite 350
	Ψ1,002.01	
		Salt Lake City, UT 84105
	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 Advertising expense
		Advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/22/2024	Bailes IV, Ernest
	Amount (\$)	Payee address; City; State; Zip Code
	\$418.03	195 Rock House Road
		Shepherd, TX 77371
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage reimbursement, 3/19-4/22
		Willouge Tellibuloefficity 0/10 4/22
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Reimbursement 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: 7/44 Rpt: 30/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	03/13/2024	Bailes IV, Ernest
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,230.58	195 Rock House Road
		Shepherd, TX 77371
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel in-district mileage, through 3/12
		Traver in Fulstrict Timeage, tillough 3/12
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/13/2024	Bailes IV, Ernest
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,025.89	195 Rock House Road
		Shepherd, TX 77371
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel out of district mileage, through 3/12
		Traver out of district filleage, tillough 3/12
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U
_	Date	
		Payee name
	04/16/2024	Bill Arena LLC
	04/16/2024 Amount (\$)	Bill Arena LLC Payee address; City; State; Zip Code
	04/16/2024	Bill Arena LLC
	04/16/2024 Amount (\$)	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor
	04/16/2024 Amount (\$)	Bill Arena LLC Payee address; City; State; Zip Code
	04/16/2024 Amount (\$) \$3,365.28	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor Houston , TX 77042 (a) Category (See Categories listed at the top of this schedule) (b) Description
	04/16/2024 Amount (\$) \$3,365.28	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor Houston , TX 77042 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	04/16/2024 Amount (\$) \$3,365.28 PURPOSE OF	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor Houston , TX 77042 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	04/16/2024 Amount (\$) \$3,365.28 PURPOSE OF	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor Houston , TX 77042 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	O4/16/2024 Amount (\$) \$3,365.28 PURPOSE OF EXPENDITURE	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor Houston , TX 77042 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office expense
	04/16/2024 Amount (\$) \$3,365.28 PURPOSE OF	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor Houston , TX 77042 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held
	O4/16/2024 Amount (\$) \$3,365.28 PURPOSE OF EXPENDITURE Complete ONLY if direct	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor Houston , TX 77042 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held
	O4/16/2024 Amount (\$) \$3,365.28 PURPOSE OF EXPENDITURE Complete ONLY if direct	Bill Arena LLC Payee address; City; State; Zip Code 2103 CityWest Blvd 12th Floor Houston , TX 77042 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense 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 C

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: 8/44 Rpt: 31/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	04/15/2024	Blackwood Gun
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$313.93	11400 FM 2854
		Conroe , TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Gift/donation expense
		City do Hadio H CAperio C
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Power name
	04/15/2024	Payee name Paye and Cirls Club of Hardin Co
		Boys and Girls Club of Hardin Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1005 N 7th St
		Silsbee, TX 77656
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Condidate/Office helds name Office accepts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	03/13/2024	Burrows, Justin
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	Hwy 150 West
		Coldspring, TX 77331
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Metal T post booklets
		ivietai i post bookiets
_	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 Committe 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	The Instruction Guide explains how to complete this form.	
1 To	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
S	Sch: 9/44 Rpt: 32/67	Bailes IV, Ernest J. (The Honorable) 00080128	
4 Da	ate	5 Payee name	
04	4/10/2024	CASA of Liberty/Chambers Counties	
6 Ar	mount (\$)	7 Payee address; City; State; Zip Code	
	\$1,800.00	PO Box 9027	
		Liberty, TX 77575	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
E	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation	
	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ех	penditure to benefit C/O	1	
Da	ate	Payee name	
04	4/08/2024	Campaign Sidekick	
Ar	mount (\$)	Payee address; City; State; Zip Code	
	\$550.00	1550 Old Annetta	
		Aledo , TX 76008	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
E	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Block Walking Expense	
	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ex	rpenditure to benefit C/O	1	
	ate	Payee name	
03	3/08/2024	Campaign Sidekick	
Ar	mount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1550 Old Annetta	
		Aledo , TX 76008	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
E	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Blockwalking Expense	
	omplete <u>ONLY</u> if direct spenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Conditions to benefit 6/01	·	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica		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: 10/44 Rpt: 33/67	Bailes IV, Ernest J. (The Honorable)	00080128
4	Date	5 Payee name	•
	03/07/2024	City of Cleveland	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
Ŭ	\$3,920.00	907 E Houston	
	Ψ0,020.00	COT E TIOUCION	
		Claudand TV 77007	
		Cleveland , TX 77327	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations Made By	outside of Texas. Complete Schedule T.
		Candidate/Oniceriolde//Folitical Committee	, m, amountain ining expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
•	expenditure to benefit C/O		CG. 116.G
	Date	Davis and the second	
	06/25/2024	Payee name Cleveland Rotary	
		<u> </u>	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.00	1006 S. Washington	
		Cleveland, TX 77327	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations Made By	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	i, 17, officerolder living expense
		26.14.16.1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
	Date	Payee name	
	05/08/2024	Cleveland Rotary	
	Amount (\$) \$41.00	Payee address; City; State; Zip Code	
	Φ41.00	1006 S. Washington	
		Objects of TV 77007	
		Cleveland, TX 77327	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autida of Taura Campleta Cabadula T
	EXPENDITURE	Continuations Made By	outside of Texas. Complete Schedule T.
		Donation	, 17, officeriolaer living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/44 Rpt: 34/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	03/13/2024	Cleveland Rotary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	1006 S. Washington
		Cleveland, TX 77327
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/14/2024	Coldspring Chamber of Commerce
	Amount (\$) \$290.00	Payee address; City; State; Zip Code 31 Butler Street
	\$290.00	31 builer Street
		Coldspring, TX 77331
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/01/2024	Cotten, Melanie
	Amount (\$)	Payee address; City; State; Zip Code PO Box 66
	\$900.00	PO BOX 66
		Thicket, TX 77374
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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: 12/44 Rpt: 35/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	04/01/2024	Cotten, Melanie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	PO Box 66
		Thicket, TX 77374
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Contract Wages
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		•
	Date	Payee name
	05/01/2024	Cotten, Melanie
	Amount (\$)	Payee address; City; State; Zip Code
l	\$900.00	PO Box 66
l		
l		Thicket, TX 77374
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Contract Wages
l		Contract Wages
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
⊨	Date	Payee name
l	06/01/2024	Cotten, Melanie
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$900.00	PO Box 66
	Ψ300.00	1 O Box oo
l		Thicket, TX 77374
┡	DUDDOOF	1
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Contract Wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 13/44 Rpt: 36/67	Bailes IV, Ernest J. (The Honorable) 00080128			
4	Date	5 Payee name			
	03/05/2024	County Seat Self Storage			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$80.00	1660 TX-150			
		Coldspring, TX 77331			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense			
		District Office Storage Expense			
<u>_</u>	Complete ONLY if alice -t	Condidate/Officeholder name Office cought			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
_					
	Date	Payee name			
	04/05/2024	County Seat Self Storage			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$80.00	1660 TX-150			
		Coldspring, TX 77331			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Campaign Storage Expense			
		Campaigh Storage Expense			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
_	Data	Para a sana			
	Date	Payee name			
	05/06/2024	County Seat Self Storage			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$80.00	1660 TX-150			
		Coldspring, TX 77331			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign Storage Expense			
		Campaign Storage Expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	(
1	Total pages Schedule F1: Sch: 14/44 Rpt: 37/67	2 FILER NAME Bailes IV, Ernest J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080128
4	Date 06/06/2024	5 Payee name County Seat Self Storage	
6	Amount (\$) \$80.00	7 Payee address; City; State; Zip Code 1660 TX-150 Coldspring, TX 77331	
8	PURPOSE OF EXPENDITURE	Check if Aus	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Storage Expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/29/2024	Payee name Dayton Chamber of Commerce	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 801 S. Cleveland Street Suite B Dayton, TX 77535	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/25/2024	Payee name Dayton Chamber of Commerce	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 801 S. Cleveland Street Suite B Dayton, TX 77535	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made by	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	l.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/44 Rpt: 38/67	Bailes IV, Ernest J. (The Honorable)	00080128
4	Date	5 Payee name	
	05/06/2024	Doordash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$271.76	303 2nd Street. 8th Floor	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	Food/Beverage Expense	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense liscuss officeholder issues / with
		constitue	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Data		
	Date 02/29/2024	Payee name Duck's Unlimited	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,814.00	One Waterfowl Way	
		Memphis, TN 38120	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
			tems for Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	05/13/2024	E'Shee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$239.00	10225 Research Blvd #200	
	,		
		Austin, TX 78759	
	PURPOSE		n
	OF		travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		Staff Gift	expense
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Ser		•		Vages	se s/Contract Labor ete this form.			rel Out of Di IER (enter a	istrict a category not listed a	bove)
_	Total nagge Cab - did - E4	1-	EII ED MANAS			opiuillo				1-	En.	- ID	(Ethico Carreri	cion Filore\
	Total pages Schedule F1:				(T! · ·					3		er ID	(Ethics Commis	Sion Filers)
	Sch: 16/44 Rpt: 39/67		Bailes IV, E	rnest J	. (The Ho	onorable)					000	080128		
4	Date	5	Payee name											
	03/11/2024		E'Shee											
6	Amount (\$)	7	Payee addre	ss;	City;	State	e; Zip Co	ode						
	\$126.00		10225 Rese		-									
			Auctic TV	70750										
L		_	Austin, TX					-						
8	PURPOSE OF	(a)	Category (S				hedule)	(b)	Description					
	EXPENDITURE		Gift/Awards	/Memo	rials Expe	ense			Check if travel Check if Austin				nplete Schedule T.	
									Staff Gift Exp			snoiuei iivin	g exherise	
									Cian Ont Exp	,011				
<u>_</u>	Complete ONLY if dire	Ц,	Condidate /Off	- احاما	r non-		Office acc	 				Office !-	ald	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	icenolae	ı name	'	Office sou	ignt				Office h	eiū	
L		_												
	Date		Payee name							_				
	03/12/2024		East Montg	omery	County R	epublican	Women							
	Amount (\$)		Payee addre	ss;	City;	State	e; Zip Co	ode						
	\$25.00		22429 Nort	hfolk Va	alley									
					-									
			Porter, TX	77365										
	DUDESCE	ļ.,						<i>a</i> .						
	PURPOSE OF	(a)	Category (S				hedule)	(a)	Description	ou to	sido st	Toyor Co	anlata Cahadula T	
	EXPENDITURE		Contribution Candidate/				nittee		Check if travel				nplete Schedule T. a expense	
			Cariuluale/	Onicent	Jiuei/PUII	ucai Cuiiii	iiillee		Donation	., 17	., 0.1100		a	
									_ 0					
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	iceholdo	r name		Office sou	l Iaht				Office h	ماط	
	expenditure to benefit C/O		Januluale/OIII	ice i ioiue	Hant	,	Onice Suu	ıgııı				Onice II	ciu	
L		_												
	Date		Payee name											
L	03/21/2024	L	Embassy S	uites La	aredo									
	Amount (\$)		Payee addre	ss;	City;	State	e; Zip Co	ode						
	\$228.00		110 Calle D	el Nort	е									
			Laredo, TX	78041										
H	PURPOSE	(2)						(h)	Docarintian					
	OF	^(a)	Category (S			ne top of this sc	hedule)	(0)	Description Check if travel	outsi	side of	Texas. Con	nplete Schedule T.	
	EXPENDITURE		Travel Out	טו טואנו	ICL				Check if Austin					
													nd Officeholde	r Meetings
														J
	Complete ONLY if direct		Candidate/Offi	iceholde	r name		Office sou	ı ıght				Office h	eld	
	expenditure to benefit C/O			2				<i>5</i> ····				20011		
L														

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		Legal Services	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed	above)
			The Instruction Guide	explains how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 17/44 Rpt: 40/67	Bailes IV, I	Ernest J. (The Hono	rable)				00080128		
4	Date	5 Payee name	9							
	02/29/2024	Fidi Media	LLC							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$75,000.00	180 Water	St # 416	•						
	·									
		New York	, NY 10038							
8	PURPOSE				(h)	Description				
0	OF		See Categories listed at the top	of this schedule)	(D)	Description Check if travel	outs	ide of Texas, Com	plete Schedule T.	
	EXPENDITURE	Advertisino) Expense			_		, officeholder living		
						Advertising e	хре	ense		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name	7							
	02/27/2024	Fidi Media								
	Amount (\$)	Payee addre		State; Zip Co	nda					
	\$150,000.00	180 Water		State, Zip Ct	ue					
	φ130,000.00	100 Water	31# 410							
		Name	NIV 40000							
		New York								
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	j Expense			=		ide of Texas. Com , officeholder living	plete Schedule T.	
						TV Media exp			у схропос	
	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	ıaht			Office he	eld	
	expenditure to benefit C/O				J					
	Date	Payee name	`							
	04/08/2024	Fields Ran								
				State: 7in Co						
	Amount (\$)	Payee addre		State; Zip Co	oue					
	\$669.69	3725 PGA	A PKWy							
		Frisco , TX	75033							
	PURPOSE OF		See Categories listed at the top		(b)	Description				
	EXPENDITURE		ns/Donations Made			=			plete Schedule T.	
		Candidate/	Officeholder/Political	Committee		Golf Event Do		, officeholder living ation	J expense	
						Jon Event Di	U110	ALIOI I		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/O		ncentiuei name	Office SUL	yııı			Onice He	≂iu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
	Sch: 18/44 Rpt: 41/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	04/01/2024	Greater Cleveland Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	102 Ste 104, Hilltop Square
		Cleveland, TX 77327
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
_	Operation ONLY if allowed	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2024	Greater Cleveland Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$292.00	102 Ste 104, Hilltop Square
		Cleveland, TX 77327
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bondion
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payeo namo
	05/29/2024	Payee name Greater Cleveland Chamber of Commerce
	Amount (\$) \$17.00	Payee address; City; State; Zip Code 102 Ste 104, Hilltop Square
	Φ17.00	102 Ste 104, Hilliop Square
		Claudand TV 77997
		Cleveland, TX 77327
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/44 Rpt: 42/67	Bailes IV, Ernest J. (The Honorable) 00080128
4 Date	- Ly Co Marine
05/07/2024	Greater Cleveland Chamber of Commerce
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17.00	102 Ste 104, Hilltop Square
	Cleveland, TX 77327
8 PURPOSE ((a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donation, functi
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/08/2024	Greater Cleveland Chamber of Commerce
Amount (\$)	Payee address; City; State; Zip Code
\$22.00	102 Ste 104, Hilltop Square
	Cleveland, TX 77327
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Somaion
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
06/26/2024	Greater East Montgomery County Chamber
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	21575 US-59 #100
	New Caney , TX 77357
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
	Bondaon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	Canadate Cine Control Tante Cine Sought Cine Tield

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributing/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/44 Rpt: 43/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	04/25/2024	Greater East Montgomery County Chamber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	21575 US-59 #100
		New Caney , TX 77357
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2024	Greater East Montgomery County Chamber
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	21575 US-59 #100
	Ψ30.00	21373 03-33 #100
		New Caney , TX 77357
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
_	Complete ONLY if direct	Candidata/Officahaldar paga
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/25/2024	Hardin ISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$875.00	P O Box 330
		Hardin, TX 77561-0330
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donkey Basketball Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/44 Rpt: 44/67	Bailes IV, Ernest J. (The Honorable)		00080128
4	Date	5 Payee name		
	02/28/2024	Hearst Newspaper		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$4,230.00	801 Texas St.		
		Houston, TX 77002		
8	PURPOSE OF	, ,	(b)	Description Check if travel outside of Toyes, Complete Schodule T
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Campaign Newspaper Advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	04/04/2024	Hooper, Reagan		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$3,000.00	6500 Champion Grandview Way		
		#27107		
l		Austin, TX 78750		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Contract Wages
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	03/01/2024	Hooper, Reagan		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$3,000.00	6500 Champion Grandview Way		
		#27107		
		Austin, TX 78750		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Contract Wages
L	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O		jiil	Onice neiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 22/44 Rpt: 45/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	05/17/2024	Howard's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.67	1130 W 6th St
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal to discuss officeholder issues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit or or	'
	Date	Payee name
	04/05/2024	Howard's
	Amount (\$)	Payee address; City; State; Zip Code
	\$196.14	1130 W 6th St
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Gift/event expense
		Cian Gilbertail expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/29/2024	Hull Daisetta High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$810.00	117 Main Street
	φοτο.ου	117 Main Sueet
		Daisetta, TX 77533
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cake Auction Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 23/44 Rpt: 46/67	2 FILER NAME Bailes IV, Ernest J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080128
4	Date	5 Payee name
	02/27/2024	Huntsville Elks Lodge
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 3206 Elks Dr
		Huntsville, TX 77340
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Membership and donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/20/2024	Killian's Meat Hempstead
	Amount (\$)	Payee address; City; State; Zip Code
	\$324.75	460 US-290 BUS
	Ψ324.73	400 03-290 003
		Hempstead, TX 77445
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Constituent Gift/Donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	Knights of Columbus
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1508 Crosby Dayton Rd
	φ30.00	1300 Closby Dayton Ru
		Crosby, TX 77532
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Gift expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/44 Rpt: 47/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	05/21/2024	Lake Travis Zip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$305.27	14529 Pocohontas Trail
		Volente, TX 78641
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	-	Check if Austin, TX, officeholder living expense Office outing expense
		Office duting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/08/2024	Lakeside Building Supply
	Amount (\$)	Payee address; City; State; Zip Code
	\$224.59	14580 TX-150 W
	7=200	
		Coldspring, TX 77331
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sign Posts, expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	04/16/2024	Leadership East Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	908 East Houston St.
		Cleveland , TX 77327
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
	Credit Card F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/44 Rpt: 48/67	Bailes IV, Ernest J. (The Honorable)	00080128
4	Date	5 Payee name	
	03/04/2024	Leadership East Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	908 East Houston St.	
		Cleveland, TX 77327	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
_	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beliefit C/OI	'	
	Date	Payee name	
	03/26/2024	Lumberton Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	826 N Main St	
		Lumberton , TX 77657	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	, ,	utside of Texas. Complete Schedule T.
	EXPENDITORE	Cartalaate, Chiconolaci, Continue	TX, officeholder living expense
		Donation, ad	
	Operation ONLY if dispose	Open finds to 10 ff and add to a country	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/05/2024	Mary Gray's Catering	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	953 Breakwater Dr.	
		Coldspring, TX 77371	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Livelit Expense	utside of Texas. Complete Schedule T.
			TX, officeholder living expense ent, Catering Expense
		Sampaign 270	,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		5555id

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

ense I ravel in L
pense Travel Out
ages/Contract Labor OTHER (e

	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: 26/44 Rpt: 49/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	03/01/2024	McGee, Kathryn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	5325 Western Hills Drive
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Austin apartment rental expense
		Austin apartment rental expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	04/01/2024	McGee, Kathryn
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	5325 Western Hills Drive
	Ψ2,000.00	3323 Western Fillis Drive
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Austin apartment rental expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	05/01/2024	McGee, Kathryn
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	5325 Western Hills Drive
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Austin apartment rental expense
		Austin apartment rental expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 27/44 Rpt: 50/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	06/01/2024	McGee, Kathryn
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 5325 Western Hills Drive
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		Austin apartment rental expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2024	National Skeet Shooting San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$233.39	5931 Roft Rd
	4200.00	5551 NON NO
		San Antonio, TX 78253
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/04/2024	National Skeet Shooting San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$274.91	5931 Roft Rd
	Φ274.91	5951 Kuli Ku
		San Antonio, TX 78253
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
_	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 28/44 Rpt: 51/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date 06/03/2024	5 Payee nameNational Skeet Shooting San Antonio
Ļ		-
6	Amount (\$) \$413.74	7 Payee address; City; State; Zip Code 5931 Roft Rd
	Ψ413.74	3931 NORNU
		San Antonio, TX 78253
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LA LIBITORE	Candidate/Officeholder/Political Committee
		Bonation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	02/29/2024	National Wild Turkey Federation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	770 Augusta Road
		Edgefield, TX 29824
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/09/2024	Nordstrom
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2901 S Capital of Texas Hwy
		Auglia TV 7074C
	PURPOSE	Austin, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff gift expense
	Operation Chilly II	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
l		

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 29/44 Rpt: 52/67	Bailes IV, Ernest J. (The Honorable)	00080128	
4	Date	5 Payee name	·	
	03/04/2024	Norfleet Strategies, LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$4,000.00	504 W. 12th Street		
	I			
	I	Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	Description	
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.	
	I	L	Check if Austin, TX, officeholder living expense Campaign Consultant Expense	
	l		Ampaign Consultant Expones	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O			
	Date	Payee name		
	03/14/2024	Oil Changer's Car Wash		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$50.00	11200 Research Blvd.		
	*	11200 (100000.01) 2.1.3.		
		Austin, TX 78759		
	PURPOSE OF		Description	
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	l	L	Crieck in Austrit, 114, billiceriolider riving expense Campaign Gift Expense	
	1			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI			
F	Date	Payee name		
	03/14/2024	Oil Changer's Car Wash		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$234.99	11200 Research Blvd.		
	l			
	I	Austin, TX 78759		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	L	Check if Austin, TX, officeholder living expense	
	l		Campaign Office Vehicle Expense	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O		Office field	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to co	/ages/Contract Labor mplete this form.	OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers	s)
Sch: 30/44 Rpt: 53/67	Bailes IV, Ernest J. (The Honorable)		00080128	
4 Date	5 Payee name			
02/25/2024	Preisler Golf Properties			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$7,200.27	20700 Mills Branch Dr			
	Porter, TX 77365			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Event Expense		outside of Texas. Complete Schedule T.	
			n, TX, officeholder living expense Event Expense	
		i dildidisci L	vent Expense	
O Commission ONIL V if direct	Constitute (Office helder neuro	- la 4	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnt	Office held	
Dete				
Date	Payee name			
06/04/2024	Push Digital, LLC			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1,879.87	342 E Bay Street			
	Charleston, SC 29401			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	-	outside of Texas. Complete Schedule T.	
EXI ENDITORE		ш	n, TX, officeholder living expense	
		Campaign te	xt expense	
0 1 0 0 1 1 0 1 1 1			000	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
02/27/2024	Push Digital, LLC			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$20,000.00	342 E Bay Street			
	Charleston, SC 29401			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	□	outside of Texas. Complete Schedule T.	
EXPENDITORE		ш	n, TX, officeholder living expense	
		Campaign Te	exting, Advertising Expense	
Complete ONLY if direct	Condidate/Officeholder name	aht	Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	yııı	Office held	

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/44 Rpt: 54/67	Bailes IV, Ernest J. (The Honorable)	00080128
4	Date	5 Payee name	
	03/18/2024	Ranch 616	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$624.56	616 Nueces Street	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on .
	OF EXPENDITURE	1 dod/beverage Expense	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense ent meal, discuss officeholder issues
		Constitut	the mean, discuss officeriolder issues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		0
_	Date	Payee name	
	03/15/2024	Redline Tires Cleveland	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$519.60	110 W Boothe St	
	φ010.00	110 W 300010 60	
		Cleveland, TX 77327	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if	ITI travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related	Austin, TX, officeholder living expense
		Campaig	ın Sign Trailer Tires
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	7	
	Date	Payee name	
	06/25/2024	Ring Central	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$82.59	20 Davis Drive	
		Belmont, CA 94002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Office Overhead/Rental Expense	travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Austin, TX, officeholder living expense
		District C	Office phone expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/44 Rpt: 55/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	05/28/2024	Ring Central
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$82.59	20 Davis Drive
		Belmont, CA 94002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District office phone expense
		District office priorite expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	04/25/2024	Payee name
		Ring Central
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.59	20 Davis Drive
		Belmont, CA 94002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Phone expense
		District Office I Horic expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	03/25/2024	Payee name Ring Central
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.81	20 Davis Drive
		Belmont, CA 94002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Phone Expense
		District Office Phone Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		ers)
	Sch: 33/44 Rpt: 56/67	Bailes IV, Ernest J. (The Honorable) 00080128	
4	Date	5 Payee name	
L	02/26/2024	Ring Central	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$82.81	20 Davis Drive	
		Belmont, CA 94002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		District phone expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experioralize to belieff C/Of	// I	
	Date	Payee name	
	03/01/2024	Roman Forest Police Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	2430 Roman Forest Blvd	
		New Caney, TX 77357	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, office helder living expense.	
		Candidate/Officeholder/Political Committee	
		Donation, Blueline	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	
H	Date	Povice name	
	Date	Payee name	
	05/27/2024	Rusty Buckle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,700.00	22664 Community Drive	
L		New Caney, TX 77357	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Event, Food and Beverage Expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 34/44 Rpt: 57/67	Bailes IV, Ernest J. (The Honorable) 00080128			
4 Date	5 Payee name			
03/13/2024	San Jacinto County Go Texan			
6 Amount (\$) \$4,190.00	7 Payee address; City; State; Zip Code 9821 Hwy 150 Shepherd, TX 77371			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Auction and Tickets Donation			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
03/25/2024	San Jacinto County Women's League			
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO Box 352			
	Coldspring, TX 77331			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
03/02/2024	Shepherd Youth League			
Amount (\$) \$3,100.00	Payee address; City; State; Zip Code PO Box 172			
	Shepherd, TX 77371			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Youth Auction Donation			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	Salaries/V	Vages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
L	·		Guide explains how to co	mplete this form.	
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission Filers)
	Sch: 35/44 Rpt: 58/67	Bailes IV, Ernest J. (The I	Honorable)		00080128
4	Date	Payee name			
L	03/01/2024	Silsbee Chamber of Comr	merce		
6	Amount (\$)	Payee address; City;	State; Zip Co	ode	
	\$104.00	545 N 5th St			
		Silsbee , TX 77656			
8	PURPOSE	Category (See Categories listed a	t the top of this schedule)	(b) Description	
	OF EXPENDITURE	Contributions/Donations M	1ade By	l ⊑	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Po	olitical Committee		ı, TX, officeholder living expense
				Donation	
L					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ght	Office held
L	onpolicitate to beliefit 6/01				
	Date	Payee name			
	02/25/2024	Sour Lake Chamber			
	Amount (\$)	Payee address; City;	State; Zip Co	ode	
	\$500.00	250 S Ann St			
		Sour Lake, TX 77659			
	PURPOSE OF	Category (See Categories listed a		(b) Description	
	EXPENDITURE	Contributions/Donations M		l <u>–</u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Candidate/Officeholder/Po	onucai Committee	Fundraiser D	
\vdash	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>l</u> aht	Office held
	expenditure to benefit C/O	San States, Sincondider Humb	31110C 30U	· 	C55514
H	Date	Payee name			
	05/22/2024	Target			
_			Stata: 7in On	ndo	
	Amount (\$)	Payee address; City;	State; Zip Co	oue	
	\$176.73	2300 W Ben White Blvd			
		Austin, TX 78704			
	PURPOSE OF	Category (See Categories listed a		(b) Description	
	EXPENDITURE	Office Overhead/Rental E	xpense		outside of Texas. Complete Schedule T.
				Office supplie	n, TX, officeholder living expense
				Опос заррие	от опропос
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	laht	Office held
	expenditure to benefit C/O	Januluale/Officeriolder Haiffe	Office Sou	grit	Office field

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political 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: 36/44 Rpt: 59/67	Bailes IV, Ernest J. (The Honorable) 00080128		
4 Date	5 Payee name		
04/26/2024	Target		
6 Amount (\$) \$8.42	7 Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
02/29/2024	Target		
Amount (\$) \$66.35	Payee address; City; State; Zip Code 2300 W Ben White Blvd		
	Austin, TX 78704		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supply expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date 02/25/2024	Payee name Targeted Creative Communications		
Amount (\$) \$1,356.00	Payee address; City; State; Zip Code 106 South Columbus St		
	Alexandria, VA 22314		
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 Palm Cards Campaign expense		
Complete ONLY if direct expenditure to benefit C/OH	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 C

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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	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: 37/44 Rpt: 60/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	02/25/2024	Targeted Creative Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,134.00	106 South Columbus St
		Alexandria, VA 22314
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
		Palm Card Re Print Campaign Advertising Expense
		Taill Gald No Find Gampaign / lavorability Exponso
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/05/2024	Targeted Creative Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,203.63	106 South Columbus St
		Alexandria, VA 22314
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Letter Postage Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/05/2024	Targeted Creative Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,342.00	106 South Columbus St
		Alexandria, VA 22314
	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
		Palm Card re print expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 38/44 Rpt: 61/67	Bailes IV, Ernest J. (The Honorable) 00080128				
4	Date	5 Payee name				
	02/25/2024	Targeted Creative Communications				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,760.33	106 South Columbus St				
		Alexandria, VA 22314				
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				
		Campaign Letter Production Expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/Ol	1				
	Date	Payee name				
L	03/22/2024	Tarkington Student Foundation				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	2770 FM 163				
L		Cleveland, TX 77327				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Donation					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
L	experientare to benefit 6/01					
	Date	Payee name				
L	03/02/2024	Texas Grill and Cafe				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$425.00	1318 S Byrd Ave				
		Chanhard TV 77271				
		Shepherd, TX 77371				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense				
		The Grill Fundraiser, Donation				
L						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 39/44 Rpt: 62/67	2 FILER NAME Bailes IV, Ernest J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080128
4	Date 03/04/2024	5 Payee name Texas Pacific Land Trust #498
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1700 Pacific Avenue Suite 2900 Dallas, TX 75201
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/21/2024	Payee name The Gallery
	Amount (\$) \$5,359.25	Payee address; City; State; Zip Code 250 FM 2821 Rd. West Huntsville , TX 77320
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation/Pieces for Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/11/2024	Payee name The Ranch Houston
	Amount (\$) \$489.57	Payee address; City; State; Zip Code 3 NRG Pkwy
		Houston, TX 77054
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal to discuss officeholder issues
	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 C

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: 40/44 Rpt: 63/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	03/12/2024	Trinity Valley Coastal Conservation Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	6919 Portwest Dr. Ste 100
		Houston, TX 77024
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Donation
_	Opening the ONLY if allowed	Open Highest (Office health and a second sec
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2024	UPS Store/Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.37	1108 Lavaca Street, Suite 110
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Mail Expense
		Office Mail Experise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	06/28/2024	UPS Store/Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.19	1108 Lavaca Street, Suite 110
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Office mailing expense
		Office mailing expense
	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 Con 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			Legal Services		nting Exp laries/Wa		e /Contract Labor		OTHER (enter a	strict category not listed a	oove)
	Credit Card Payment	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 41/44 Rpt: 64/67		Bailes IV, Er	nest J. (The H	onorable)					00080128		
4	Date	5	Payee name									
	04/30/2024		UPS Store/A	ustin								
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	ip Cod	le					
	\$19.40 1108 Lavaca Street, Suite 110											
			Austin, TX 7	8701								
8	PURPOSE	\vdash				1	h)	Description				
0	OF			e Categories listed at the		e)	U)	Description Check if travel	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Office Over	ieau/Reiliai Ex	Delise			므		officeholder living		
								Office mailing	g ex	pense		
9	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/25/2024		UPS Store/A	ustin								
	Amount (\$)		Payee addres	s; City;	State; Zi	ip Cod	le					
	\$38.42		1108 Lavaca	a Street, Suite 1	.10							
			Austin, TX 7	8701								
	PURPOSE	⊢		e Categories listed at tl		. (b)	Description				
	OF			e Categories listed at ti lead/Rental Exp)	.~,	_ `	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE			011100 01011	ioddi Cinai Exp	301100			Check if Austin	, TX,	officeholder living	g expense	
								Office mailing	g ex	rpense		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/Oi	П										
	Date		Payee name									
	03/21/2024		UPS Store/A	Austin								
	Amount (\$)		Payee addres	s; City;	State; Zi	ip Cod	le					
	\$68.95		1108 Lavaca	a Street, Suite 1	.10							
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule	e) ((b)	Description				
	OF EXPENDITURE			ead/Rental Exp				ш			plete Schedule T.	
	LAFENDITORE							_		officeholder living	g expense	
								Office mailing	g ex	(pense		
	0 1 0 0 0 0 0	Ļ										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Offic	e soug	nt			Office h	eia	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 42/44 Rpt: 65/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
l	03/15/2024	UPS Store/Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$95.67	1108 Lavaca Street, Suite 110
l		
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Office mailing expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
l	Date 05/14/2024	Payee name Uber Eats
L		
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$91.12	1455 Market Street
		05
L		San Francisco , CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Memorial gift expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	03/04/2024	Uber Eats
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$141.15	1455 Market Street
l		
		San Francisco , CA 94103
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
l	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Memorial Gift Expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/44 Rpt: 66/67	Bailes IV, Ernest J. (The Honorable) 00080128
4	Date	5 Payee name
	04/10/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.47	111 North Canal
		Chicago, IL 60607
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Travel out of district expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 04/11/2024	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.94	111 North Canal
		Chicago, IL 60607
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/28/2024	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	1570 11th St
		Huntsville, TX 77340
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Constituent Congratulatory Gifts Expense
L	Complete ONLY if alian-t	Condidate/Officeholder name Office equality Office hald
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guic		/ages/Contract Labor	Travel Out o OTHER (en	of District Iter a category not listed above)
1	Total pages Schedule F1: Sch: 44/44 Rpt: 67/67	Bailes	IV, Ernest J. (The Hor	norable)		3 Filer ID 0008012	(Ethics Commission Filers)
	Date 04/13/2024		t Clay Club				
6	Amount (\$) \$780.00	7 Payee a 23747	address; City; FM 2090	State; Zip Co	de		
		Splend	lora , TX 77372				
8	PURPOSE OF EXPENDITURE	Contrib	ry (See Categories listed at the outions/Donations Mad late/Officeholder/Polition	e By		el outside of Texas. in, TX, officeholder	Complete Schedule T. living expense
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office sou	ght	Offic	e held