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 Commi 00084408		2 Total pages f	iled: 46
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	James D.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME			CUEFIX	07/15/2024	, , , , , , , , , , , , , , , , , , , ,
		LAST Wright		SUFFIX	01/15/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 41964					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77241				Date Processed	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER		Daniel J.				
NAME	IVII.	Janier J.				
	NICKNIAME			CLIETY		
		.AST Fiallos-Diaz		SUFFIX		
		-idii05-Diaz				
2 0445404	OTDEET ADDRESS (410 DO D	0)/ 0/ 5/ 5/ 5/	4.00	F / OLUTE // OLTY	0.7	4.TE 710.000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	OX PLEASE);	AP	「/SUITE#; CITY;	; SI.	ATE; ZIP CODE
ADDRESS	4723 FM 892					
(Residence or Business)						
	Robstown, TX 78380					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER		INUMBER E	IN I ENSION			
PHONE	(361) 387-9400					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
		,		L	appointment (off	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
				Teporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	ROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE	l <u> </u>		ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/03/2024	∏G∈	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	Γ (if known)	
	Railroad Commissioner				(
		_				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 46

13 C / OH NAME	Wright, James D. (Th	e Honorable)	14 Filer ID 00084408	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expend These expenditures may have been made witho officeholders are required to report this information	ut the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
Ŭ °	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	:			
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 191,100.00		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC		\$ 84,059.29			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 375,859.27		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		I swear, or affirm, under pen- true and correct and includes under Title 15, Election Code	all information required t			
		The Ho	norable James D. Wrig	jht		
		Signature	of Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
of	, 20, to ce	rtify which, witness my hand and seal of office.				
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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				3 01 46	
18 FILER NAM Wright, Ja	ME ames D. (The Honorable)	19 Filer ID 00084408	(Ethics Co	mmission Filers)	
20 SCHEDUL	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	191,100.00	
2. X	\$	0.00			
3. X	\$	0.00			
4. X	4. X SCHEDULE E: LOANS				
5. X	\$	84,059.29			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/46	
2	FILER NAME Wright, Jame	es D. (The Honorable)				3	Filer ID (Ethics Commission 00084408	on Filers)
4	Date 06/10/2024	5 Full name of contributor Angelo Jr, Ernest6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$500.00
		Midland, TX 79701						
8	Principal occu Petroleum E	pation / Job title (See Instructions ngineer) [9		Employer (See Instructions Self Employed	5)		
	Date 06/30/2024	Full name of contributor Barnwell, Robert Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Spring, TX 77382 pation / Job title (See Instructions	<u>, </u>		Employer (See Instructions	·/		
	CEO	pation / Job title (See Instructions	,		Universal Natural Gas (ntric Gas)	
	Date 05/30/2024	Full name of contributor Brumley, Jonny Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Fort Worth, TX 76107						
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Presta Petroleum	5)		
	Date 05/28/2024	Full name of contributor Burleson, Steven Contributor address; City; St Midland, TX 79702	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President-HM	pation / Job title (See Instructions MFIC			Employer (See Instructions Burleson Petroleum	5)		
	Date 06/30/2024	Full name of contributor Buttermore, James Contributor address; City; St The Woodlands, TX 7738)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CFO	pation / Job title (See Instructions			Employer (See Instructions Centric Services, Inc.	s)		

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDU	LE A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/46	
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commissi 00084408	on Filers)
4	Date 06/30/2024	5 Full name of contributorByrd, Jack6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_		Midland, TX 79701	10				
8	Business Ov	pation / Job title (See Instructions) wwner	9	Employer (See Instructions BYRD OPERATING CO		PANY	
	Date 06/25/2024	Full name of contributor Camp, John Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney			Scott, Douglass & McCo	nn	ico	
	Date 06/01/2024	Full name of contributor Campbell, Cody Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Delevieral	Fort Worth, TX 76107		For all and (On a london ation of	_		
	Co-CEO	pation / Job title (See Instructions)		Employer (See Instructions Double Eagle	·)		
	Date 01/24/2024	Full name of contributor Campbell, Cody Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10,000.00
	Principal occu Co-CEO	pation / Job title (See Instructions)		Employer (See Instructions Double Eagle	<u>;</u>)		
	Date 03/19/2024	Full name of contributor Carlson, David Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu President &	pation / Job title (See Instructions)		Employer (See Instructions Waste Control Specialis			
			1				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/46
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084408
4	Date 06/30/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$2,500.00
8	Principal occu	Horseshoe Bay, TX 78657 pation / Job title (See Instructions)	ام	Employer (See Instructions		
0	Engineer	pation / Job title (See Instructions)	9	Self)	
	Date 06/30/2024	Cooper, Chris)		Amount of Contribution (\$) \$2,500.00
		Dallas, TX 75219				
	Principal occu Investments	pation / Job title (See Instructions)		Employer (See Instructions Owl Investments	5)	
	Date 06/19/2024	Full name of contributor out-of-state Crawford, Seth Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$) \$10,000.00
	Deire sin al access	Fort Worth, TX 76102		Faralassa (Caralassa tarabian	Ĺ	
	Vice Preside	pation / Job title (See Instructions) nt - Land		Employer (See Instructions Black Mountain Energy		prage
	Date 06/11/2024	Edwards, D. Kirk				Amount of Contribution (\$) \$5,000.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Latigo Petroleum	()	
	Date 06/11/2024	Full name of contributor out-of-state Fasken Management LLC Contributor address; City; State; Zip Code Midland, TX 79707	PAC (ID#:)		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()	
			I			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/46	
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commission 00084408	n Filers)
4	Date 06/30/2024	5 Full name of contributor Fenoglio, Stephen6 Contributor address; City; State	out-of-state PAC (ID#:;)	7	Amount of Contribution (\$)	\$250.00
_	Dringing	Austin, TX 78727	lo-	Faralousy (Co.s. In admirations			
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Stephen Fenoglio Attorn			
	Date 05/25/2024	Full name of contributor Gibbs, Dan Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77066 pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
	Date 06/25/2024	Full name of contributor Gillman, Jodie Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79124					
	Principal occu Producer	pation / Job title (See Instructions)		Employer (See Instructions North Country Energy)		
	Date 06/11/2024	Full name of contributor Gilmour, Terry Contributor address; City; State Midland, TX 79704	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Midland College)		
	Date 05/26/2024	Full name of contributor Harrison, Cole Contributor address; City; State Midland, TX 79705	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Fiesta Energy LLC)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/46	
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commissi 00084408	on Filers)
4	Date 06/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10,000.00
_		Midland, TX 79702	-				
8	Principal occu oil and gas	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 06/10/2024	Full name of contributor out-of-state PAC (ID#:_ Holmes, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Deire die al. a a co	Midland, TX 79702	_	Faralaga (Oper kastagati an	<u></u>		
	oil and gas	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 05/13/2024	Full name of contributor)		Amount of Contribution (\$)	\$5,000.00
		San Antonio, TX 78256					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID#:_ Hunt, Clay Contributor address; City; State; Zip Code Dallas, TX 75225)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Atropos	<u> </u> 5)		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:_Kelly Hart PAC Contributor address; City; State; Zip Code Dallas, TX 75208				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/46	
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084408	
4	Date 06/06/2024	5 Full name of contributor [Kelly, Dee6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$) \$5,000.0	00
_	Daine in all a con-	Fort Worth, TX 76107	lo.	Formula and (Construction of			
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Kelly Hart	5)		
	Date 06/07/2024	Full name of contributor [Long, Max Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$) \$250.0	 10
	Dringinal occu	Midland, TX 79708 pation / Job title (See Instructions)		Employer (See Instructions			
	VP Drilling	pation / Job title (See Instructions)		Hibernia Resources IV	')		
	Date 06/11/2024	Full name of contributor Mabee, John W. Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$) \$10,000.0)0
	Deire die et e e e	Midland, TX 79705		Formula van (Cara la atmostica a			
	rancher	pation / Job title (See Instructions)		Employer (See Instructions Mabee Ranch	5)		
	Date 04/24/2024	Full name of contributor Malone, Carol H Contributor address; City; Sta Fort Worth, TX 76123	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$) \$50.0)0
	Principal occu Piano Teach	pation / Job title (See Instructions) er		Employer (See Instructions Self)		
	Date 04/08/2024	Full name of contributor Marathon Oil Company Em Contributor address; City; Sta Houston, TX 77056)		Amount of Contribution (\$) \$5,000.0	-
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/46
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Wright, Jam	es D. (The Honorable)		00084408
4	Date 06/11/2024	 Full name of contributor		7 Amount of Contribution (\$) \$500.00
		Midland, TX 79702		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	05/14/2024	NuStar PAC		\$10,000.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78278		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
	06/10/2024	Pefanis, Harry		\$5,000.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77005		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Executive		Plains All American Pipe	eline
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	06/10/2024	Purvis, Margaret		\$500.00
		Contributor address; City; State; Zip Code		
		Midland, TX 79710		
	Principal occu oil and gas	pation / Job title (See Instructions)	Employer (See Instructions Self)
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	06/11/2024	Ramsey, Ellen		\$500.00
		Contributor address; City; State; Zip Code		
		Midland, TX 79707		
		ipation / Job title (See Instructions)	Employer (See Instructions	
	Executive D	irector	Permian Road Safety C	oalition

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/46
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084408
4	Date 06/13/2024	 Full name of contributor out-of-s Rathbone, Monroe Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$) \$10,000.00
_	District	Midland, TX 79707		Fundament (Construction		
8	Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions Self	i) 	
	Date 06/17/2024	Full name of contributor out-of-s Sellers, John Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$) \$10,000.00
	Delicalization	Fort Worth, TX 76107	1	Family (Carly Instruction	Ĺ	
	Co-CEO	pation / Job title (See Instructions)		Employer (See Instructions Double Eagle	i)	
	Date 06/01/2024	Full name of contributor out-of-s Sellers, John Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$) \$10,000.00
	Dringinal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)		Employor (Soo Instructions		
	Co-CEO	pation / 300 title (See instructions)		Employer (See Instructions Double Eagle	·)	
	Date 06/12/2024	Sheffield, Bryan)		Amount of Contribution (\$) \$10,000.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Marbella Interests	i)	
	Date 05/14/2024	Smith, Clark	otate PAC (ID#:)		Amount of Contribution (\$) \$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)	
			•			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/46	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
_		es D. (The Honorable)	_			00084408	
4	Date 06/30/2024	5 Full name of contributorSmith, Currie6 Contributor address; City; Si	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Loop	Amarillo, TX 79110	s I	O Frankrige (Cooks			
8	oil and gas a	pation / Job title (See Instructions and cattle	5)	9 Employer (See In: Self	structions)		
	Date 06/11/2024	Full name of contributor Snow, Dan Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,500.00
		Andrews, TX 79714					
	Principal occu Owner	pation / Job title (See Instructions	;) 	Employer (See In:	structions)		
	Date 06/11/2024	Full name of contributor Sparks, Don Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Midland, TX 79705					
	Principal occu Petroleum E	pation / Job title (See Instructions ngineer	s)	Employer (See In: Discovery Oper			
	Date 06/29/2024	Full name of contributor Stallings, Kyle Contributor address; City; Si Midland, TX 79702	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions	s)	Employer (See In: Desert Royalty			
	Date 06/17/2024	Full name of contributor Stephens, Autry Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions	s)	Employer (See In: Endeavor Energ			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/46	
2	FILER NAME Wright, Jame	es D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084408	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Sullivan, Brian 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00		
•	Dringing occu	Austin, TX 78731	Employer /Con Instructions		
8	Engineer/La	i i i i i i i i i i i i i i i i i i i	9 Employer (See Instructions) McElroy Sullivan & The U		
	Date 06/01/2024	Full name of contributor out-of-state PAC (ID#:_ Sullivan, Hollis Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$2,500.00	
	Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Veritas Ener		CEO	,	
	Date Full name of contributor out-of-state PAC (ID#:) 06/11/2024 Villela, Steven Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00	
		Midland, TX 79702			
	Principal occu landman	pation / Job title (See Instructions)	Employer (See Instructions) Na)	
Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$) \$10,000.00		
	Principal occupation / Job title (See Instructions) Employer (See Instruction OWNER Weeks Environmental				
	Date Full name of contributor out-of-state PAC (ID#:) 06/07/2024 Wight, Schuyler Contributor address; City; State; Zip Code Goldsmith, TX 79741		Amount of Contribution (\$) \$250.00		
	Principal occur rancher	ipation / Job title (See Instructions)	Employer (See Instructions) Self		

	MONET	TARY POLITICAL CONTRIBUT	SCHEDULE A1	
	The Instru	ction Guide explains how to complete thi	1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/46	
2	FILER NAME Wright, Jam	es D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084408	
4	Date 01/26/2024	Full name of contributor	7 Amount of Contribution (\$) \$10,000.00	
		Houston, TX 77056		
8	Principal occu oil and gas	upation / Job title (See Instructions)	9 Employer (See Instruction self	ons)
	Date 06/01/2024	Full name of contributor	D#:)	Amount of Contribution (\$) \$5,000.00
		Contributor address; City; State; Zip Code		
	Principal occu	Fort Worth, TX 76107 upation / Job title (See Instructions)	ons)	
	Pegasus Re	esources	CEO	

PLEC	OGED CONTRIBUT	TONS			SCHEDULE B
TI	he Instruction Guide expl	1 Total pages Schedule B: Sch: 1/1 Rpt: 15/46			
2 FILER NA	AME James D. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084408		
4 TOTAL	OF UNITEMIZED PLEDGI	ES			\$ 0
5 Date	6 Full name of pledgorout-of-state PAC (ID#:) 8	Amount of pledge (\$)
10 Dringing	occupation / Job title (See Instruc	4:0:00	144 - 1 (0)		Check if travel outside of Texas. Complete Schedu
LU PIIICIPAI	occupation / Job title (See Instruc	uons)	11 Employer (See Inst	tructi	ions)

	LOANS					SCHE	DULE E
	The Instruction	pages Schedule E: 1/1 Rpt: 16/46					
	FILER NAME Wright, James D). (The Honorable)	3 Filer II 00084	C (Ethics Commis 1408	sion Filers)		
4	TOTAL OF UN	IITEMIZED LOANS			<u> </u>	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amoun	t (\$)
	Is lender a financial institution?	8 Lender address; Cit	ty; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	•
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ns)	•	
14	Description of Coll None	ateral		15 Check if personal funds v	ere deposit	ed into political acco (See Instruct	
	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Gua	ranteed (\$)
	not applicable	18 Guarantor address; Cit	ty; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	ıs)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/30 Rpt: 17/46		Wright, James D. (The Honorable)		00084408
4	Date	5	Payee name		
	04/01/2024		Amazon		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1,298.99		410 Terry Ave N		
			Seattle, WA 98109		
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.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					computer
_	Commists ONII V if diseast	<u> </u>	Canadidate /Office lead on some		Office hold
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugnt	t Office held
		_			
	Date	1	Payee name		
	06/30/2024	_	Anedot		
	Amount (\$)	1	Payee address; City; State; Zip C	ode	
	\$2,291.80		1340 Poydras Street Suite 1770		
			New Orleans, LA 70112		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Online contribution fees for reporting period
					on mile contains about 1000 is in topolising points
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O			3	
	Date	l	Payee name		
	01/03/2024	1	Aristotle		
	Amount (\$)	_	Payee address; City; State; Zip C	ode.	
	\$550.00	1	P.O. Box 716045	ouc	
	4000.00				
			Philadelphia, PA 19171		
	DUDDOCE	-	·	(1-)	1. 5
	PURPOSE OF		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overflead/Refital Experise		Check if Austin, TX, officeholder living expense
					compliance software
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/F 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: 2/30 Rpt: 18/4	Wright, James D. (The Honorable) 00084408
4 Date	5 Payee name
02/01/2024	Aristotle
6 Amount (\$) \$550.	
	Philadelphia, PA 19171
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 compliance software
Complete ONLY if dire expenditure to benefit	
Date	Payee name
02/29/2024	Aristotle
Amount (\$) \$550.	Payee address; City; State; Zip Code P.O. Box 716045
	Philadelphia, PA 19171
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 compliance software
Complete ONLY if dire expenditure to benefit	· ·
Date	Payee name
03/28/2024	Aristotle
Amount (\$) \$550.	Payee address; City; State; Zip Code P.O. Box 716045
	Philadelphia, PA 19171
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 compliance software
Complete ONLY if dire expenditure to benefit	

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	
Ļ	T.1 C.1 11 =:	
1	Total pages Schedule F1: Sch: 3/30 Rpt: 19/46	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wright, James D. (The Honorable) 00084408
_	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
4	Date	5 Payee name
L	05/01/2024	Aristotle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	P.O. Box 716045
		Philadelphia DA 10171
		Philadelphia, PA 19171
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		compliance software
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Dayaa nama
	05/29/2024	Payee name Aristotle
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	P.O. Box 716045
		Philadelphia, PA 19171
_	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toxas, Complete Schedule Toxas, Comp
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		compliance software
		Sompliance Software
\vdash	Computate ONU V If allow	Condidate/Office holder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		•
	Date	Payee name
	06/07/2024	Bush IAH Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.75	2800 N Terminal Rd
	Ψ31.73	2000 N Terminarita
		Houston, TX 77032
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		parking
	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

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/Political Commi Credit Card Payment		I Committee Leg	pal Services le Instruction Guide explai		ages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/30 Rpt: 20/46	Wright, James	D. (The Honorable)					00084408	
4	Date	5 Payee name							
	06/12/2024	Bush IAH Park	king						
6	Amount (\$) \$64.95	7 Payee address;2800 N Termin	•	ate; Zip Coo	de				
		Houston, TX 7	7032						
8	PURPOSE	(a) Category (See C	ategories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Travel In Distr				-		de of Texas. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officel	nolder name	Office soug	jht			Office he	eld
	Date	Payee name							
	06/21/2024	Campaign Mo	nitor						
	Amount (\$)	Payee address;	City; Sta	ate; Zip Cod	de				
	\$52.76	9 Lea Ave							
		Nashville, TN	37210						
	PURPOSE OF		ategories listed at the top of this	schedule)	(b)	Description		d4 T O	who on the ship of
	EXPENDITURE	Solicitation/Fu	ndraising Expense			<u> </u>		de of Texas. Comp officeholder living	
						eblasts	,		,
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officel	nolder name	Office soug	jht			Office he	eld
	Date	Payee name							
	04/25/2024	Cipollina							
	Amount (\$)	Payee address;	City; Sta	ate; Zip Cod	de				
	\$70.00	1213 W Lynn :	•						
		-							
		Austin, TX 787	703						
	PURPOSE OF		ategories listed at the top of this	schedule)	(b)	Description Check if travel of	nuto:	de of Texas. Com	nlete Schedulc T
	EXPENDITURE	Food/Beverag	e ∟ xpense					officeholder living	
						ப meal at meeti		J	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officel	nolder name	Office soug	jht			Office he	eld
_									

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total pages Cabadula F1:		_
1	Total pages Schedule F1: Sch: 5/30 Rpt: 21/46	2 FILER NAME Wright, James D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084408	
4	Date	5 Payee name	\neg
	06/26/2024	Cipollina	
6	Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 1213 W Lynn St	
	Ψ10.00		
		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 at meeting	
		med at meeting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefit C/Oi	п	
	Date	Payee name	
	06/12/2024	Doubletree	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$610.69	117 W Wall St	
		Midland, TX 79701	
	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	
		staff hotel	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Great		
	Date	Payee name	
	06/12/2024	Doubletree	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$610.69	117 W Wall St	
		Midland, TX 79701	
	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 staff hotel	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		ĺ
			_

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/30 Rpt: 22/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	05/25/2024	Down On Grayson
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$199.14	303 E Grayson St
		San Antonio, TX 78215
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 at a meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/07/2024	Drew Pearson Sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.06	2040 N International Pkwy
		Dallas, TX 75261
	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
		2 meals DFW
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/07/2024	Fort Worth Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$747.81	306 W 7th St
		Fort Worth, TX 76102
	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 hotel rooms for staff and principal
		Hotel footils for start and principal
	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/ Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/30 Rpt: 23/46	Wright, James D. (The Honorable) 00084408
4 Date	5 Payee name
02/01/2024	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$102.39	701 S Capital of Texas Hwy
	West Lake Hills, TX 78746
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 Supplies
	Supplies
O Commission ONLY if discost	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
03/15/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$107.72	701 S Capital of Texas Hwy
	West Lake Hills, TX 78746
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 Supplies
	Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	<u> </u>
Date	Payee name
03/18/2024	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$7.40	701 S Capital of Texas Hwy
	West Lake Hills, TX 78746
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
	supplies
Complete CNU V Stalling	
	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
Ļ			
1	Total pages Schedule F1: Sch: 8/30 Rpt: 24/46	2 FILER NAME Wright, James D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084408
4	Date	5 Payee name	
Ĺ	05/09/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$94.99	701 S Capital of Texas Hwy	
		West Lake Hills, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overhead/Nental Expense	outside of Texas. Complete Schedule T.
		l	TX, officeholder living expense
		supplies	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01		
	Date	Payee name	
	06/06/2024	IAH Food Court	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.17	2800 N Terminal Rd	
			
		Houston TV 77022	
		Houston, TX 77032	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	suitaida of Touga Complete Calculula T
	EXPENDITURE	1 Travel in District	outside of Texas. Complete Schedule T. . TX, officeholder living expense
		Cleck if Ausuit	Sinceriolate living expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Sillos field
_			
	Date	Payee name	
	06/10/2024	IAH Food Court	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.31	2800 N Terminal Rd	
		Houston, TX 77032	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Travel in District	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		meal	
	0 1. 5		0" 1 11
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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/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: 9/30 Rpt: 25/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	03/27/2024	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.95	1000 E 41st St
		Austin, TX 78751
8	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 food for a meeting
		lood for a meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	05/09/2024	Jason's Deli
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$35.13	1000 E 41st St
	Ψ00.10	1000 L 413t 3t
		Austin, TX 78751
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for a meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/06/2024	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$451.87	1000 E 41st St
		Austin, TX 78751
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		food for a meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 10/30 Rpt: 26/46	2 FILER NAME Wright, James D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084408	
4	Date 04/18/2024	5 Payee name Jennifer Naedler Consulting	_
6	Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code PO Box 41964 Houston, TX 77241	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising/compliance	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 05/01/2024	Payee name Jennifer Naedler Consulting	
	Amount (\$) \$4,496.63	Payee address; City; State; Zip Code PO Box 41964 Houston, TX 77241	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising/compliance	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 05/29/2024	Payee name Jennifer Naedler Consulting	
	Amount (\$) \$7,825.20	Payee address; City; State; Zip Code PO Box 41964	
		Houston, TX 77241	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising/compliance	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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/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: 11/30 Rpt: 27/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
L	06/21/2024	Jennifer Naedler Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15,715.00	PO Box 41964
		Houston, TX 77241
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fundraising/compliance
		Turiur albing/compilarioc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/20/2024	Kesos Tacos
H	Amount (\$)	Payee address; City; State; Zip Code
	\$51.40	600 W Martin Luther King Jr Blvd
		Austin, TX 78701
	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
		meal at meeting
		mod at mooting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/03/2024	Krejci, Aaron
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
		Unit A
		Austin, TX 78724
H	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
		campaign work
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiorate to beliefft C/OI	1

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 Guid	de explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2 FIL	ER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 12/30 Rpt: 28/46	Wr	right, James D. (The Hono	rable)		00084408
4	Date	5 Pa	yee name			·
	02/01/2024	Kre	ejci, Aaron			
6	Amount (\$)	7 Pa	yee address; City;	State; Zip C	ode	
	\$1,000.00	52	07 Purple Sage Dr			
		Un	it A			
		Au	stin, TX 78724			
8	PURPOSE	(a) Ca	tegory (See Categories listed at the	top of this schedule)	(b)	Description
	OF EXPENDITURE	Sa	laries/Wages/Contract Lab	oor		Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense campaign work
						campaign work
9	Complete ONLY if direct	Can	didate/Officeholder name	Office so	ıaht	Office held
ľ	expenditure to benefit C/O		addicate modification marine	011100 001	agiit	o moo nona
-	Date	Par	yee name			
	02/29/2024		ejci, Aaron			
_	Amount (\$)		yee address; City;	State; Zip C	ode	
	\$1,000.00	· ·	07 Purple Sage Dr	State, Zip C	ouc	
	Ψ1,000.00		nit A			
			stin, TX 78724			
	DUDDOCE				(1-)	
	PURPOSE OF		tegory (See Categories listed at the		(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Sa	laries/Wages/Contract Lab	JOI		Check if Austin, TX, officeholder living expense
						campaign work
	Complete ONLY if direct		didate/Officeholder name	Office so	ught	Office held
	expenditure to benefit C/Ol	1				
	Date	Pa	yee name			
	03/28/2024	Kre	ejci, Aaron			
	Amount (\$)	Pa	yee address; City;	State; Zip C	ode	
	\$1,000.00	52	07 Purple Sage Dr			
		Un	it A			
		Au	stin, TX 78724			
	PURPOSE	(a) Ca	tegory (See Categories listed at the	top of this schedule)	(b)	Description
	OF EXPENDITURE		laries/Wages/Contract Lab			Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE					Check if Austin, TX, officeholder living expense
						campaign work
_	Complete ONLY if direct	Can	didate/Officeholder name	Office	labt	Office held
	Complete ONLY if direct expenditure to benefit C/Ol		aluate/Officeriolder Haffle	Office so	uynı	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: 13/30 Rpt: 29/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	05/29/2024	Krejci, Aaron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
		Unit A
		Austin, TX 78724
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense campaign work
		Campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	06/21/2024	Krejci, Aaron
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
		Unit A
		Austin, TX 78724
	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 campaign work
		Campaign Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2024	Las Palomas
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.06	3201 Bee Cave Rd
		Austin, TX 78746
	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 meal at meeting
		meat at meeting
_	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 compl	ete this form.		
1	Total pages Schedule F1: Sch: 14/30 Rpt: 30/46	FILER NAME Wright, James D. (The Honorable)	3	Filer ID 00084408	(Ethics Commission Filers)
4	Date 06/10/2024	5 Payee name Little Bohemian			
6	Amount (\$) \$36.82	7 Payee address; City; State; Zip Code 201 W Wall St Midland, TX 79701			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		side of Texas. Com X, officeholder livinq	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office h	eld
	Date 05/01/2024	Payee name Look Ahead Strategies			
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1500 Wilson Blvd FI 5 Arlington, VA 22209			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	=	side of Texas. Com X, officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld
	Date 05/29/2024	Payee name Look Ahead Strategies			
	Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 1500 Wilson Blvd FI 5 Arlington, VA 22209			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		side of Texas. Com X, officeholder living arch	•
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld

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: 15/30 Rpt: 31/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	06/12/2024	MFA Food Court
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.28	9506 La Force Blvd
		Midland, TX 79706
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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		meal
•	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	06/11/2024	Main Street Dinner
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.12	611 S Main St
		Midland, TX 79701
	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal at a meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2024	Moore, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735
	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
		campaign work
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

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 Candidate/Officeholder/Politi Credit Card Payment	
1 Total pages Schedule F1 Sch: 16/30 Rpt: 32/46	
4 Date 02/01/2024	5 Payee name Moore, Megan
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2305 Barton Creek Blvd Unit 45 Austin, TX 78735
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor
9 Complete ONLY if direct expenditure to benefit C/G	Candidate/Officeholder name Office sought Office held OH
Date 02/29/2024	Payee name Moore, Megan
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2305 Barton Creek Blvd Unit 45 Austin, TX 78735
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate/Officeholder name Office sought Office held OH
Date 03/28/2024	Payee name Moore, Megan
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2305 Barton Creek Blvd Unit 45 Austin, TX 78735
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeholder name Office sought Office held OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

pense Trav xpense Trav Vages/Contract Labor OTH

	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: 17/30 Rpt: 33/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	05/01/2024	Moore, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735
8	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 labor
		Contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/29/2024	Moore, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/23/2024	Pappasitos
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.09	6513 I-35
		Austin, TX 78752
	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 meal at meeting
		mea at meeting
_	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 -

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: 18/30 Rpt: 34/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	06/07/2024	QuickTime
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.63	109 E Northside Dr
		Fort Worth, TX 76164
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 fuel
		iuei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/06/2024	Randall's
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.33	3300 Bee Caves Rd
		West Lake Hills, TX 78746
	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
		Supplies
		Саррисс
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Data	Davis same
	Date 02/20/2024	Payee name Payer party Porrech By Nestle
		Ready Refresh By Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.96	PO Box 856192
		Louisville, KY 40285
	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 water service
		water service
\vdash	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/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: 19/30 Rpt: 35/46	Wright, James D. (The Honorable) 00084408
4 Date	5 Payee name
05/13/2024	Ready Refresh By Nestle
6 Amount (\$) \$56.96	7 Payee address; City; State; Zip Code PO Box 856192 Louisville, KY 40285
8 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 Water Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/07/2024	Ready Refresh By Nestle
Amount (\$) \$59.96	Payee address; City; State; Zip Code PO Box 856192
	Louisville, KY 40285
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 Water Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/02/2024	Spectrum
Amount (\$) \$111.40	Payee address; City; State; Zip Code PO Box 60074
	City Of Industry, CA 91716
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 Internet Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/30 Rpt: 36/46	Wright, James D. (The Honorable) 00084408
4		5 Payee name
L	01/29/2024	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$410.75	PO Box 60074
l		
L		City Of Industry, CA 91716
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Internet Service
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	02/02/2024	Spectrum
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$144.67	PO Box 60074
l	, -	
l		City Of Industry, CA 91716
⊢	PURPOSE	
l	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Internet Service
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/04/2024	Spectrum
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$151.47	PO Box 60074
l		
		City Of Industry, CA 91716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Internet Service
\vdash	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 -

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: 21/30 Rpt: 37/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	03/29/2024	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.94	PO Box 60074
		City Of Industry, CA 91716
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 Internet Service
		internet service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Dete	
	Date	Payee name
	04/01/2024	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$232.37	PO Box 60074
		City Of Industry, CA 91716
	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 Internet Service
		internet service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	D
	Date 04/02/2024	Payee name Spectrum
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.47	PO Box 60074
		City Of Industry, CA 91716
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Internet Service
		internet Service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

orean oard rayment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 22/30 Rpt: 38/46	Wright, James D. (The Honorable)		00084408	
4 Date	5 Payee name		•	
05/03/2024	Spectrum			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$151.47	PO Box 60074			
	City Of Industry, CA 91716			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	<u> </u>	el outside of Texas. Com tin, TX, officeholder living	
		Internet Ser		Compense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	eld
expenditure to benefit C/O	H			
Date	Payee name			
05/29/2024	Spectrum			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$455.79	PO Box 60074			
	City Of Industry, CA 91716			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	ı <u>—</u>	el outside of Texas. Com tin, TX, officeholder living	
		Internet Ser		y expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	eld
expenditure to benefit C/O	Н			
Date	Payee name			
06/03/2024	Spectrum			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$151.47	PO Box 60074			
	City Of Industry, CA 91716			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		el outside of Texas. Com tin, TX, officeholder living	
		Internet Ser		j expense
			-	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>ı </u>	Office he	eld
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	on Guide expl	ains how to co	mple	ete this form.				
1	Total pages Schedule F1:	FILER NA	ME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 23/30 Rpt: 39/46	Wright, Ja	ames D. (The I	Honorable)					00084408		
4	Date	Payee nan	ne								
	06/21/2024	Spectrum	1								
6	Amount (\$)	Payee add	dress; City;	S	tate; Zip Co	de					
	\$223.42	PO Box 6	60074								
		City Of In	dustry, CA 917	716							
8	PURPOSE	a) Category	(See Categories liste	ed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Office Ov	erhead/Rental	Expense			_			plete Schedule T.	
							Internet Servi		officeholder living	expense	
							micornot corvi	00			
9	Complete ONLY if direct	Candidate/C	Officeholder nam	ie	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI					3					
_	Date	Payee nan	me								
	06/05/2024	Starbucks									
	Amount (\$)	Payee add	dress; City;	S	tate; Zip Co	de					
	\$21.65	501 W 15			,						
		Austin, T	X 78701								
	PURPOSE		(See Categories liste	ed at the ten of the	is schodule)	(b)	Description				
	OF EXPENDITURE		erage Expens		is scrieduic)	` ,		outsid	e of Texas. Com	plete Schedule T.	
	EXPENDITURE		,				_		officeholder living	expense	
							food for meeti	ıng			
	Complete ONLY if direct	Candidata/	Officeholder nam		Office cou	abt			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/OI	Canuluate/C	Jiliceriolder Haili	le	Office sou	ynı			Office fie	iu	
_	Data										
	Date 06/04/2024	Payee nan Strategic									
					toto: Zin Co	do					
	Amount (\$) \$2,500.00	Payee add	dress; City; odmont Ave	3	tate; Zip Co	ue					
	Ψ2,500.00	7013 440	ournoin Ave								
		Rothosda	a, MD 20814								
	PURPOSE					(h)	Description				
	OF		(See Categories listengement)	ed at the top of thi	is schedule)	(D)	Description Check if travel of	outsid	e of Texas. Com	olete Schedule T.	
	EXPENDITURE	Advertisii	ig Experise				Check if Austin,	TX,	officeholder living	expense	
							social media				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/C	Officeholder nam	ie	Office sou	ght			Office he	eld	
	onpolicitate to beliefit 6/01										

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 24/30 Rpt: 40/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	05/09/2024	Sushi Junai
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.99	1612 Lavaca St
		Austin, TX 78701
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 at meeting
		Thou at mooning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/03/2024	Tankersley, Kate
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4,760.00	14810 Bramblewood Drive
		Houston, TX 77079
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fundraising/compliance/strategy
		Tanaraising/somphanics/strategy
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/01/2024	Tankersley, Kate
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5,500.00	14810 Bramblewood Drive
		Houston, TX 77079
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		fundraising/compliance/strategy
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		
ı		

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

se Travel in Districtionse Travel Out of Districtionse OTHER (enter a contract Labor OTHER (ente

	Credit Cara r dyment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/30 Rpt: 41/46	Wright, James D. (The Honorable)		00084408
4	Date	5 Payee name		•
	02/29/2024	Tankersley, Kate		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$3,500.00	14810 Bramblewood Drive		
		Houston, TX 77079		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				fundraising/compliance/strategy
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
ľ	expenditure to benefit C/OI		9110	Since nois
_	Date	Payee name		
	06/10/2024	Tea 2 Go		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1.29	3211 W Wadley Ave		
		Midland, TX 79705		
	PURPOSE		(b)	Description
	OF	Food/Beverage Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Toda Bovorago Expondo		Check if Austin, TX, officeholder living expense
				drink at a meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	03/18/2024	UT Club		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$75.78	2108 Robert Dedman Dr		
		Austin, TX 78712		
	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 membership, food/bev
				monitorionip, roodragev
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	•	_	

SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbu Accounting/Banking Fees Office Overhead/Rental E

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide (nse Printii Salari	-	se s/Contract Labor	Travel in Dis Travel Out o OTHER (ent	
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 26/30 Rpt: 42/46	Wright, Ja	mes D. (The Honoral	ole)			0008440	8
4	Date	5 Payee name	е			•		
	04/16/2024	UT Club						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code			
	\$75.78	2108 Robe	ert Dedman Dr					
		Austin, TX	78712					
8	PURPOSE		See Categories listed at the top	of this cohodulo)	(b)	Description		
	OF		erage Expense	or triis scriedule)	()		outside of Texas. C	Complete Schedule T.
	EXPENDITURE					\Box	TX, officeholder li	ving expense
						membership,	food/bev	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	sought		Office	held
L								
	Date	Payee name	e					
	04/29/2024	UT Parking	9					
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code			
	\$12.00	210 E Mar	tin Luther King Jr Blv	d				
			· ·					
		Austin, TX	78712					
_	PURPOSE				(h)	Description		
	OF	Travel In D	See Categories listed at the top	of this schedule)	(5)	Description Check if travel of	outside of Texas. C	Complete Schedule T.
	EXPENDITURE	i i avei iii L	ristrict			=	TX, officeholder li	
						parking		
	Complete ONLY if direct		ficeholder name	Office	sought		Office	held
	expenditure to benefit C/O	1						
	Date	Payee name						
	06/06/2024	Uber						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code			
	\$46.68	1455 Mark						
		San Franc	isco, CA 94103					
\vdash	PURPOSE				(h)	Description		
	OF	Travel In D	See Categories listed at the top	of this schedule)	(0)		outside of Texas. C	Complete Schedule T.
	EXPENDITURE	Haveille	/IOUIOL				TX, officeholder li	•
						car service		
	Complete ONLY if direct		ficeholder 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 Committee

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

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

	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: 27/30 Rpt: 43/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	06/06/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.31	1455 Market St
		San Francisco, CA 94103
8	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 CAR SERVICE
		cai service
<u> </u>	0 1. 0	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit ere	
	Date	Payee name
	06/07/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.68	1455 Market St
		San Francisco, CA 94103
	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
		car service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/12/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.16	1455 Market St
		San Francisco, CA 94103
	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
		car service
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit C/Of	•

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	The Instruction Guide explains how to complete this	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/30 Rpt: 44/46	Wright, James D. (The Honorable)	00084408
4	Date	5 Payee name	
	01/16/2024	University Of Texas Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$184.27	2108 Robert Dedman Dr	
		Austin, TX 78712	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE		heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,	heck if Austin, TX, officeholder living expense
		Club	membership and food/bev at meetings
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/16/2024	University Of Texas Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.78	2108 Robert Dedman Dr	
		Austin, TX 78712	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	•
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T.
	OF	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	OF	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T.
	OF	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	OF EXPENDITURE	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings
	OF EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 05/21/2024	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 05/21/2024 Amount (\$)	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 05/21/2024 Amount (\$)	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 05/21/2024 Amount (\$) \$113.30	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code PO Box 660108	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings Office held
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 05/21/2024 Amount (\$) \$113.30	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code PO Box 660108 Dallas, TX 75266 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings Office held Cription heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 05/21/2024 Amount (\$) \$113.30	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code PO Box 660108 Dallas, TX 75266 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings Office held cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 05/21/2024 Amount (\$) \$113.30	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code PO Box 660108 Dallas, TX 75266 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings Office held Cription heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 05/21/2024 Amount (\$) \$113.30 PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code PO Box 660108 Dallas, TX 75266 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Desc	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense paign phone
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 05/21/2024 Amount (\$) \$113.30	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code PO Box 660108 Dallas, TX 75266 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings Office held cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 05/21/2024 Amount (\$) \$113.30 PURPOSE OF EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code PO Box 660108 Dallas, TX 75266 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense paign phone
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 05/21/2024 Amount (\$) \$113.30 PURPOSE OF EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense Candidate/Officeholder name Payee name Verizon Payee address; City; State; Zip Code PO Box 660108 Dallas, TX 75266 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense membership and food/bev at meetings Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense paign phone

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 Committee

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: 29/30 Rpt: 45/46	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	06/21/2024	Verizon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.61	PO Box 660108
		Dallas, TX 75266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign phone
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	01/08/2024	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.45	3700 Bee Caves Rd
l		West Lake Hills, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
l		Сарриос
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/18/2024	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.45	3700 Bee Caves Rd
	,	
		West Lake Hills, TX 78746
	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
		supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Control Cardit Card Payment			mmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	als Expense	-	se es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
┰	Total pages Schedule F1:	2	EII ED NAM					3	Filer ID	(Ethics Commission Filers)
	Sch: 30/30 Rpt: 46/46			mes D. (The Ho	onorable)			3	00084408	(Eulics Commission Filets)
4	Date	5	Payee name	е						
	06/06/2024		Wow Donu							
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Code				
	\$31.88		3267 Bee	Caves Rd						
			Austin, TX	78746						
8	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule) (b)	Description			
l	OF EXPENDITURE			erage Expense			_		ide of Texas. Com	
l							ш		, officeholder living	expense
l							food for me	eung	J	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	fficeholder name	C	Office sought			Office he	eld