

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00088296	<b>2</b> Total pages filed: 19		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jace R.	MI	<b>OFFICE USE ONLY</b> <hr/> Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024	
	NICKNAME	LAST Yarbrough	SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 9285 Culp Branch Rd.  Sanger, TX 76266		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt #	
				Amount	
				Date Processed	
				Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST William	MI		
	NICKNAME	LAST McNutt	SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 13101 Preston Road  Dallas, TX 75240		APT / SUITE #;	CITY;	
			STATE;	ZIP CODE	
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(469)	533-5025			
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	
	05/19/2024			06/30/2024	
<b>10</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff
	05/28/2024			<input type="checkbox"/> General	<input type="checkbox"/> Special
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known) State Senator District 30	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 19

**13** C / OH NAME      Yarbrough, Jace R.      **14** Filer ID      (Ethics Commission Filers)  
00088296

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

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

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

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	50.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,113.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	220.47
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	83,649.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,204.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	204,000.00

**17** AFFIDAVIT

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

Jace R. Yarbrough  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Yarbrough, Jace R.		<b>19 Filer ID</b> 00088296	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	20,582.92
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	8,530.80
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	4,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	83,649.03
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/19
<b>2</b> FILER NAME Yarbrough, Jace R.		<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Carol <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	<b>7</b> Amount of Contribution (\$)  \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Oil, Gas & Agriculture		<b>9</b> Employer (See Instructions) Self Employed
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ball, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) Assembly
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ball, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) Assembly
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Besse, Paul <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Besse Management
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brekke, Robert <hr/> Contributor address; City; State; Zip Code  Gainesville, TX 76240	Amount of Contribution (\$)  \$26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/19
<b>2</b> FILER NAME Yarbrough, Jace R.		<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Henrietta, TX 76365	<b>7</b> Amount of Contribution (\$)  \$521.15
<b>8</b> Principal occupation / Job title (See Instructions) Rancher		<b>9</b> Employer (See Instructions) Self
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costello, Steven <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Silberman Law Firm
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cure, Richard <hr/> Contributor address; City; State; Zip Code  Sanger, TX 76266	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer Rancher		Employer (See Instructions) Self
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cure, Richard <hr/> Contributor address; City; State; Zip Code  Sanger, TX 76266	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer Rancher		Employer (See Instructions) Self
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cure, Richard <hr/> Contributor address; City; State; Zip Code  Sanger, TX 76266	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Farmer Rancher		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/19
<b>2</b> FILER NAME Yarbrough, Jace R.		<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Nathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bulverde, TX 78163	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dickey, Maurine P. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Board Member		Employer (See Instructions) The Dickey Foundation
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale, Lucas <hr/> Contributor address; City; State; Zip Code  Bartlett, TN 38133	Amount of Contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McDermott Will & Emery
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iverson, David <hr/> Contributor address; City; State; Zip Code  Little Elm, TX 75068	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamb, Phillip <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/19
<b>2</b> FILER NAME Yarbrough, Jace R.		<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luse, Sharon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pottsboro, TX 75076	<b>7</b> Amount of Contribution (\$)  \$26.35
<b>8</b> Principal occupation / Job title (See Instructions) Coordinator		<b>9</b> Employer (See Instructions) TCC-MVPN
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClure, Alexander <hr/> Contributor address; City; State; Zip Code  Sadler, TX 76264	Amount of Contribution (\$)  \$26.35
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) JPMorgan Chase
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McFarlane, Michael <hr/> Contributor address; City; State; Zip Code  Aubrey, TX 76227	Amount of Contribution (\$)  \$260.73
Principal occupation / Job title (See Instructions) Info Requested		Employer (See Instructions) Info Requested
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLendon, David <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mew, Peggy <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76306	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/19
<b>2</b> FILER NAME Yarbrough, Jace R.		<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, CA 90630	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oman, Connor <hr/> Contributor address; City; State; Zip Code  Denver, CO 80211	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Private Equity		Employer (See Instructions) Sun Theory Holding Co, LLC
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Potosky, Toba <hr/> Contributor address; City; State; Zip Code  BROOKLYN, NY 11201-7807	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) Sound Engineer		Employer (See Instructions) Fox News Media
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schott, Mary <hr/> Contributor address; City; State; Zip Code  Indianapolis, IN 46227	Amount of Contribution (\$)  \$10.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stroud, Cathy <hr/> Contributor address; City; State; Zip Code  Gainesville, TX 76240-6767	Amount of Contribution (\$)  \$26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/19
<b>2</b> FILER NAME Yarbrough, Jace R.		<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witt, Jeffrey	<b>7</b> Amount of Contribution (\$) \$26.35
	<b>6</b> Contributor address; City; State; Zip Code  Niceville, FL 32578-4196	
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) McKinsey & Co.
<b>Date</b> 05/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Matthew	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Green Bay, WI 54313	
<b>Principal occupation / Job title (See Instructions)</b> Production Worker		<b>Employer (See Instructions)</b> AK Crust

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/19	
2 FILER NAME Yarbrough, Jace R.		3 Filer ID (Ethics Commission Filers) 00088296	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/06/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Bob	8 Amount of contribution (\$) \$8,117.50	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code  Boerne, TX 78006	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Cody	Amount of contribution (\$) \$413.30	In-kind contribution description
	Contributor address; City; State; Zip Code  Aledo, TX 76008	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 11/19
<b>2</b> FILER NAME Yarbrough, Jace R.		<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 06/18/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Jace	<b>9</b> Loan Amount (\$) \$4,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Sanger, TX 76266	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Attorney		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 12/19	<b>2</b> FILER NAME Yarbrough, Jace R.	<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/22/2024	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$23.90	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/23/2024	Payee name Anedot, Inc.	
Amount (\$) \$414.68	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/28/2024	Payee name Anedot, Inc.	
Amount (\$) \$8.18	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 13/19	<b>2</b> FILER NAME Yarbrough, Jace R.	<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/29/2024	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$28.60	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Anedot, Inc.	
Amount (\$) \$107.68	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Anedot, Inc.	
Amount (\$) \$105.78	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 14/19	<b>2</b> FILER NAME Yarbrough, Jace R.	<b>3</b> Filer ID (Ethics Commission Filers) 00088296
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<b>4</b> Date 06/13/2024	<b>5</b> Payee name Anedot, Inc.
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<b>6</b> Amount (\$) \$4.48	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/24/2024	Payee name Dallas Bulldog Marketing, LLC
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Amount (\$) \$1,300.00	Payee address; City; State; Zip Code 4310 Buena Vista St.  Dallas, TX 75205
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/03/2024	Payee name Don't California My Texas PAC
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Amount (\$) \$3,800.00	Payee address; City; State; Zip Code P.O. Box 279  Southmayd, TX 76268
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing - Slate Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 15/19	<b>2</b> FILER NAME Yarbrough, Jace R.	<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 06/24/2024	<b>5</b> Payee name Griffin Communications LLC	
<b>6</b> Amount (\$) \$4,000.00	<b>7</b> Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name Griffin Communications LLC	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name Griffin Communications LLC	
Amount (\$) \$7,200.00	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 16/19	<b>2</b> FILER NAME Yarbrough, Jace R.	<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/21/2024	<b>5</b> Payee name Griffin Communications LLC	
<b>6</b> Amount (\$) \$21,500.00	<b>7</b> Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV Canvassing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2024	Payee name Griffin Communications LLC	
Amount (\$) \$2,400.00	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/26/2024	Payee name Griffin Communications LLC	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 17/19	<b>2</b> FILER NAME Yarbrough, Jace R.	<b>3</b> Filer ID (Ethics Commission Filers) 00088296
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<b>4</b> Date 05/28/2024	<b>5</b> Payee name Griffin Communications LLC
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<b>6</b> Amount (\$) \$8,700.00	<b>7</b> Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/28/2024	Payee name Griffin Communications LLC
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Amount (\$) \$1,709.16	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pushcard Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/28/2024	Payee name Griffin Communications LLC
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Amount (\$) \$244.76	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing - T-Shirts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 18/19	<b>2</b> FILER NAME Yarbrough, Jace R.	<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 05/28/2024	<b>5</b> Payee name Griffin Communications LLC	
<b>6</b> Amount (\$) \$690.95	<b>7</b> Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Gifts: Hats
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Griffin Communications LLC	
Amount (\$) \$888.38	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing - Letters
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name Kipp, Mitch	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 19/19	<b>2</b> FILER NAME Yarbrough, Jace R.	<b>3</b> Filer ID (Ethics Commission Filers) 00088296
<b>4</b> Date 06/06/2024	<b>5</b> Payee name Kipp, Mitch	
<b>6</b> Amount (\$) \$2,700.00	<b>7</b> Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2024	Payee name Kipp, Mitch	
Amount (\$) \$1,184.56	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Mileage Reimbursement for CampaignTasks and Events	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultant mileage reimbursement (according to IRS stated rate for 2024)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2024	Payee name Main Street Pub & Steakhouse	
Amount (\$) \$417.45	Payee address; City; State; Zip Code 216 W Main St  Gainesville, TX 76240	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food & Beverages for GOTV Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held