

# 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) 00069502	<b>2</b> Total pages filed: 29	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Dennis R.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024
	NICKNAME	LAST Paul	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 626 1/2 Barringer Ln., Ste. E  Webster, TX 77598		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Larry M.	MI	
	NICKNAME	LAST Hicks	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4145 Gessner Road, Suite B-415  Houston, TX 77080		APT / SUITE #;	CITY; STATE; ZIP CODE
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 785-5515	EXTENSION	
<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 01/01/2024	THROUGH	Month    Day    Year 06/30/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 129		<b>12</b> OFFICE SOUGHT (if known) State Representative District 129	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** Paul, Dennis R. (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00069502

**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 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	25,050.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	29,113.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	17,200.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	40,000.00

**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.

The Honorable Dennis R. Paul  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Paul, Dennis R. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00069502
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,050.66
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 28,093.33
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,019.72
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: 4/29
<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Deer Park, TX 77536	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Associated Gen Contractors of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, John B. <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Betchtel, Michel J. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briers, Harry J. <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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: 5/29
<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 04/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CVS Health PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waxhington, DC 20004	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Centene Corporation PAC <hr/> Contributor address; City; State; Zip Code  St Louis, MO 63105	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Stephen P. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comcast Corp & NBCUniversal PAC <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19103	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conservative Citizens Club PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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: 6/29
<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 03/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of the University PAC	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78763		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gary Gates for Texas	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Rosenberg, TX 77471		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Germania Farm Mutual PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Brenham, TX 77834		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gulf States Toyota State PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Health Care Service Corp PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code  Chicago, IL 60601		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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: 7/29
<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 01/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Deer Park, TX 77536		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LKQ Corporation Employee Good Govt Fund	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Washington, DC 20003		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindamood, Susan	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Houston, TX 77069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyondell Chemical Company PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips 66 PAC	Amount of Contribution (\$) \$1,000.66
Contributor address; City; State; Zip Code  Washington, DC 20004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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: 8/29
<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 01/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Political Action Committee for Engineers <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768	<b>7</b> Amount of Contribution (\$)  \$850.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sentry Insurance A Mutual Co PAC Contributor address; City; State; Zip Code  Stevens Point, WI 54481	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code  Austin, TX 78716	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Automobile Dealers Assn Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Construction Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# 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: 9/29
<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 02/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Travelers Companies, Inc. PAC <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 16183	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC Contributor address; City; State; Zip Code  San Antonio, TX 78288-0453	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Jr., Phillip J. Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Thomas D. Contributor address; City; State; Zip Code  Navasota, TX 77868	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		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: 1/17 Rpt: 10/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 01/23/2024	<b>5</b> Payee name Alvin Sun & Advertiser
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<b>6</b> Amount (\$) \$695.00	<b>7</b> Payee address; City; State; Zip Code 570 Dula St.  Alvin, TX 77511
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<b>8</b> 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 Ad in LaPorte Chamber magazine
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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 06/04/2024	Payee name BARWPAC
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Amount (\$) \$150.00	Payee address; City; State; Zip Code C/O Debbie Roan  Houston, TX 77059
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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 Ad in BARW Directory
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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 02/13/2024	Payee name Bay Area Houston Economic Partnership
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Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 58724 Unit 3 Houston, TX 77258
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Invoice 34529
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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: 2/17 Rpt: 11/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 05/01/2024	<b>5</b> Payee name City of Webster
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 101 Pennsylvania Ave  Webster, TX 77598
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Deposit on venue for fundraiser
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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 05/01/2024	Payee name City of Webster
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 101 Pennsylvania Ave  Webster, TX 77598
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<b>PURPOSE OF EXPENDITURE</b>	<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 Rental Fee for venue for fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/12/2024	Payee name Communities in Schools - Bay Area
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Amount (\$) \$0.00	Payee address; City; State; Zip Code PO Box 580096  Houston, TX 77258
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<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 KKIS Golf Tournament Cart Sponsor
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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: 3/17 Rpt: 12/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 01/22/2024	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$117.26	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 12451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Email service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2024	Payee name Constant Contact	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 12451	
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 Email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2024	Payee name Constant Contact	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 12451	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Email service
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: 4/17 Rpt: 13/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b>	Date 04/18/2024	<b>5</b> Payee name Constant Contact	
<b>6</b>	Amount (\$) \$117.26	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 12451	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held
<b>4</b>	Date 05/18/2024	<b>5</b> Payee name Constant Contact	
<b>6</b>	Amount (\$) \$117.26	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 12451	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held
<b>4</b>	Date 06/18/2024	<b>5</b> Payee name Constant Contact	
<b>6</b>	Amount (\$) \$117.26	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 12451	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
<b>9</b> 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: 5/17 Rpt: 14/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 04/15/2024	<b>5</b> Payee name DCA Food Hall	
<b>6</b> Amount (\$) \$3.14	<b>7</b> Payee address; City; State; Zip Code Reagan Airport  Washington, DC 20001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Meal while traveling
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2024	Payee name Grand Hyatt Hotel	
Amount (\$) \$1,216.33	Payee address; City; State; Zip Code 900 E. Market  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Lodging	<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 Lodging & Expenses related to the Republican Party of Texas State Convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2024	Payee name Grand Hyatt Hotel	
Amount (\$) \$1,316.66	Payee address; City; State; Zip Code 900 E. Market  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Lodging	<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 Lodging & Expenses related to the Republican Party of Texas State Convention
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: 6/17 Rpt: 15/29	<b>2</b>	FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00069502
<b>4</b>	Date 03/05/2024	<b>5</b>	Payee name Harris County Republican Party		
<b>6</b>	Amount (\$) \$2,500.00	<b>7</b>	Payee address; City; State; Zip Code 8588 Katy Freeway, Suite 445  Houston, TX 77024		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Drink Cups for SD conventions		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/25/2024		Payee name Harris County Republican Party		
	Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 8588 Katy Freeway, Suite 445  Houston, TX 77024		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 Lincoln Reagan Dinner sponsorship		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/18/2024		Payee name Hilton Americas		
	Amount (\$) \$25.00		Payee address; City; State; Zip Code 1600 Lamar Street  Houston, TX 77010		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Parking		
		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: 7/17 Rpt: 16/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 02/20/2024	<b>5</b> Payee name Home Depot
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<b>6</b> Amount (\$) \$100.17	<b>7</b> Payee address; City; State; Zip Code 18251 Gulf Freeway  Webser, TX 77598
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<b>8</b> 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 Tools and supplies for campaign sign distribution
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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 02/06/2024	Payee name La Porte - Bayshore Chamber of Commerce
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Amount (\$) \$180.00	Payee address; City; State; Zip Code P.O. Box 996  La Porte, TX 77572
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Tickets to Chamber banquet
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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 03/22/2024	Payee name La Porte - Bayshore Chamber of Commerce
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Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 996  La Porte, TX 77572
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Sponsor for State of the Cities
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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: 8/17 Rpt: 17/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 04/25/2024	<b>5</b> Payee name La Porte - Bayshore Chamber of Commerce	
<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 996  La Porte, TX 77572	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Membership dues
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/22/2024	Payee name Larry M. Hicks CPA	
Amount (\$) \$2,505.00	Payee address; City; State; Zip Code 4145 Gessner Road, Suite B-415  Houston, TX 77080	
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 Accounting and compliance services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2024	Payee name Larry M. Hicks CPA	
Amount (\$) \$1,589.00	Payee address; City; State; Zip Code 4145 Gessner Road, Suite B-415  Houston, TX 77080	
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 Accounting and compliance 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: 9/17 Rpt: 18/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 04/11/2024	<b>5</b> Payee name Longworth FC	
<b>6</b> Amount (\$) \$20.25	<b>7</b> Payee address; City; State; Zip Code 358 Ford House  Washington, DC 20515	
<b>8</b> PURPOSE OF EXPENDITURE	<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 Meal while traveling
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2024	Payee name McDonald, Dawn	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 11423 Sagevalley  Houston, TX 77089	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Contract Labor for Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/27/2024	Payee name Millers Cafe	
Amount (\$) \$37.89	Payee address; City; State; Zip Code 2403 Bay Area Blvd  Houston, TX 77058	
PURPOSE OF EXPENDITURE	<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 Lunch meeting with staff
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: 10/17 Rpt: 19/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Date 02/27/2024	<b>5</b> Payee name NCOIL	
<b>6</b> Amount (\$) \$347.00	<b>7</b> Payee address; City; State; Zip Code 616 Fifth Avenue Suite 106  Belmar, NJ 17719	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Registration for Spring Meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2024	Payee name Pasadena Chamber of Commerce	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4334 Fairmont Parkway  Pasadena, TX 77504	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Membership dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2024	Payee name Paul, Dennis	
Amount (\$) \$883.32	Payee address; City; State; Zip Code 626 1/2 Barringer Lane, Ste. E  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Reimbursement for a Polical Exp from personal funds
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: 11/17 Rpt: 20/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 02/22/2024	<b>5</b> Payee name Paul, Dennis
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<b>6</b> Amount (\$) \$136.40	<b>7</b> Payee address; City; State; Zip Code 626 1/2 Barringer Lane, Ste. E  Webster, TX 77598
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Reimbursement for a Polical Exp from personal funds
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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 06/20/2024	Payee name Reboot Clear Lake
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1107 Les Tally Drive  El Lago, TX 77586
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Donation
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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 03/26/2024	Payee name Region One 2024 Convention
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Amount (\$) \$250.00	Payee address; City; State; Zip Code Pasadena CPAAA  Pasadena, TX 77501
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Donation
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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: 12/17 Rpt: 21/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 01/30/2024	<b>5</b> Payee name Rotary Club of Space
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 1218 Bob White Drive  Friendswood, TX 77546
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Donation
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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 04/25/2024	Payee name South Belt-Ellington Chamber of Commerce
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 10500 Scarsdale  Houston, TX 77089
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Scholarship awards event sponsorship
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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 06/04/2024	Payee name South Belt-Ellington Chamber of Commerce
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Amount (\$) \$295.00	Payee address; City; State; Zip Code 10500 Scarsdale  Houston, TX 77089
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Membership dues
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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: 13/17 Rpt: 22/29	<b>2</b>	FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00069502
<b>4</b>	Date 04/05/2024	<b>5</b>	Payee name South Belt-Ellington Leader		
<b>6</b>	Amount (\$) \$35.00	<b>7</b>	Payee address; City; State; Zip Code 11555 Beamer  Houston, TX 77089		
<b>8</b>	<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 Christmas signature ad		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/03/2024		Payee name South Belt-Ellington Leader		
	Amount (\$) \$40.00		Payee address; City; State; Zip Code 11555 Beamer  Houston, TX 77089		
	<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 Ad in graduation issue		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/13/2024		Payee name Southwest Airlines		
	Amount (\$) \$191.98		Payee address; City; State; Zip Code 2702 Love Field Dr  Dallas, TX 75235		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare		
		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: 14/17 Rpt: 23/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 03/13/2024	<b>5</b> Payee name Southwest Airlines
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<b>6</b> Amount (\$) \$374.98	<b>7</b> Payee address; City; State; Zip Code 2702 Love Field Dr  Dallas, TX 75235
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
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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 03/13/2024	Payee name Southwest Airlines
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Amount (\$) \$475.98	Payee address; City; State; Zip Code 2702 Love Field Dr  Dallas, TX 75235
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
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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 05/09/2024	Payee name Southwest Airlines
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Amount (\$) \$238.98	Payee address; City; State; Zip Code 2702 Love Field Dr  Dallas, TX 75235
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
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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: 15/17 Rpt: 24/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 02/19/2024	<b>5</b> Payee name Sprint 2 Print
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<b>6</b> Amount (\$) \$504.00	<b>7</b> Payee address; City; State; Zip Code 8748 Clay Rd., Ste. 300  Houston, TX 77080
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<b>8</b> 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 Campaign signs
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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 03/29/2024	Payee name The Stephen F. Austin
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Amount (\$) \$13.00	Payee address; City; State; Zip Code 701 Congress Ave  Austiin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Parking
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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 02/06/2024	Payee name The Yates Company
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PO Box 75190  Houston, TX 77234
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<b>PURPOSE OF EXPENDITURE</b>	<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 consulting services
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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: 16/17 Rpt: 25/29	<b>2</b>	FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00069502
<b>4</b>	Date 02/06/2024	<b>5</b>	Payee name The Yates Company		
<b>6</b>	Amount (\$) \$213.87	<b>7</b>	Payee address; City; State; Zip Code PO Box 75190  Houston, TX 77234		
<b>8</b>	<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 Design ad for TFRW publication		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/04/2024		Payee name The Yates Company		
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code PO Box 75190  Houston, TX 77234		
	<b>PURPOSE OF EXPENDITURE</b>	<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 consulting services		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/04/2024		Payee name The Yates Company		
	Amount (\$) \$2,000.00		Payee address; City; State; Zip Code PO Box 75190  Houston, TX 77234		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 consulting		
		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: 17/17 Rpt: 26/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 02/14/2024	<b>5</b> Payee name Tri County Republican Womens Club PAC
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<b>6</b> Amount (\$) \$20.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1021  Pearland, TX 77588
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Club lunch meeting
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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 05/09/2024	Payee name United Airlines
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Amount (\$) \$238.60	Payee address; City; State; Zip Code 609 Main St  Houston , TX 77002
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
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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 04/15/2024	Payee name Waldorf
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Amount (\$) \$1,573.22	Payee address; City; State; Zip Code 1100 Pennsylvania  Washington DC, DC 20004
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Lodging	<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 Lodging for trip to DC to advocate for coastal barrier funding
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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 PERSONAL FUNDS

## SCHEDULE G

### 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 G: Sch: 1/1 Rpt: 27/29	<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069502
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<b>4</b> Date 02/22/2024	<b>5</b> Payee name TDCJ
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<b>6</b> Amount (\$) \$883.32  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 4013  Huntsville, TX 77342
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Reimbursement for a Polical Exp from personal funds
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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 02/22/2024	Payee name TDCJ
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Amount (\$) \$136.40  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 4013  Huntsville, TX 77342
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 02/02 TDCJ - Serving trays donated for fundraising
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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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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: Sch: 1/2 Rpt: 28/29
<b>2</b> FILER NAME Paul, Dennis R. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069502
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
<b>6</b> Dates of Travel  04/08/2024  04/08/2024	<b>7</b> Name of person(s) traveling Paul, Dennis	
	<b>8</b> Departure city or name of departure location Houston	
	<b>9</b> Destination city or name of destination location Washington DC	
<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Lobby for Coastal Barrier Funding	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  04/14/2024  04/14/2024	Name of person(s) traveling Paul, Dennis	
	Departure city or name of departure location Nashville	
	Destination city or name of destination location Houston	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event) Return Home	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  04/11/2024  04/11/2024	Name of person(s) traveling Paul, Dennis	
	Departure city or name of departure location Washington DC	
	Destination city or name of destination location Nashville	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Attend Legislative Insurance Association National Meeting	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

**4** Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Southwest Airlines

**5** Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

<b>6</b> Dates of Travel  05/21/2024  05/21/2024	<b>7</b> Name of person(s) traveling Paul, Dennis
	<b>8</b> Departure city or name of departure location Houston
	<b>9</b> Destination city or name of destination location Washington DC

<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Attend Legislative Association (ALEC) Meetings
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
United Airlines

Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel  05/23/2024  05/23/2024	Name of person(s) traveling Paul, Dennis
	Departure city or name of departure location Washington DC
	Destination city or name of destination location San Antonio

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Attend Republican Party of Texas State Convention
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