CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commis 00069502		2 Total pages f	iled: 29
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Dennis R.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Paul		301111		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	CUITE # CIT	V.	ZIP CODE	Date Hand-delivered	or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	626 1/2 Barringer Ln., Ste.		Ι,	ZIP CODE	Bate Fland delivered	or Bate i ostinarica
MAILING ADDRESS	020 1/2 Danniger Lin., Ste.	L			Receipt #	Amount
Change of Address	Webster, TX 77598					
Onlinge of Address	Webster, 1X 77596				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Larry M.				
NAME		,				
	NICKNAME I	LAST		SUFFIX		
		Hicks				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	AP	r / SUITE #; CITY;	; ST	ATE; ZIP CODE
TREASURER ADDRESS	4145 Gessner Road, Suite	B-415				
(Residence or Business)						
(,	Houston, TX 77080					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION			
TREASURER	(713) 785-5515					
PHONE						
8 REPORT				_		
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (off	ampaign treasurer iceholder only)
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Att	
		l		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE Month Day Year		rim on t	ELECTION TYPE	Othor	
	Month Day Year 11/05/2024		rimary	Runoff	Other	
	11/00/2024	ΧG	eneral	Special		
				Ì		
11 OFFICE	OFFICE HELD (if any)	-+ 100		12 OFFICE SOUGHT		
	State Representative Distric	CT 129		State Represent	tative District 129)
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Paul, Dennis R. (The	Honorable)	14 Filer ID 00069502	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been made officeholders are required to report this in	e without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTI ES OF LOANS, OR CONTRIBUTIONS M.		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES C	DF LOANS)	\$ 25,050.66
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 29,113.05
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS (RIOD	OF THE LAST DAY OF THE	\$ 17,200.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO	DANS AS OF THE LAST DAY	\$ 40,000.00
17 AFFIDAVIT			ler penalty of perjury, that the ac ncludes all information required t in Code.	
		7	Γhe Honorable Dennis R. Pa	ul
			gnature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of o	office.	
Signature of office	cer administering	Printed name of officer administering	g Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 29				
18 FIL	18 FILER NAME 19 Filer ID (Ethics Commission Filers)							
	ul, Den	00069502						
l	ME OF	SUBTOTAL AMOUNT						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 25,050.66				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE E: LOANS		\$				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 28,093.33				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,019.72				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/29			
2	FILER NAME Paul, Dennis	R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	on Filers)		
4	Date 04/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00		
_	<u> </u>	Deer Park, TX 77536						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 05/17/2024	5/17/2024 Associated Gen Contractors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
Austin, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instruction)				
	Date Full name of contributor out-of-state PAC (ID#:) 04/30/2024 Bailey, John B. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00			
	Principal occu	Seabrook, TX 77586 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date	Full name of contributor out-of-state PAC (ID#:_)	,	Amount of Contribution (\$)			
	04/30/2024	Betchtel, Michel J. Contributor address; City; State; Zip Code Houston, TX 77008			, and an established	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:) Briers, Harry J. Contributor address; City; State; Zip Code Missouri City, TX 77459			Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/29		
2	FILER NAME Paul, Dennis	R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	on Filers)	
4	Date 04/15/2024	 Full name of contributor out-of-state PAC (ID#:_CVS Health PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00	
_		Waxhington, DC 20004					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)			
	Date 03/01/2024				Amount of Contribution (\$)	\$1,000.00	
	St Louis, MO 63105			_			
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	Date 04/30/2024				Amount of Contribution (\$)	\$250.00	
		Houston, TX 77040					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:_ Comcast Corp & NBCUniversal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103)		Amount of Contribution (\$)	\$500.00	
			Employer (See Instructions	5)			
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:) Conservative Citizens Club PAC Contributor address; City; State; Zip Code Houston, TX 77059			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/29		
2	FILER NAME Paul, Dennis	s R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	on Filers)	
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Friends of the University PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_	<u> </u>	Austin, TX 78763					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) 04/15/2024 Gary Gates for Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
Rosenberg, TX 77471 Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/17/2024 Germania Farm Mutual PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	Brenham, TX 77834 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/04/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions)				
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_ Health Care Service Corp PAC Contributor address; City; State; Zip Code Chicago, IL 60601			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/29		
2	FILER NAME Paul, Dennis	s R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	on Filers)	
4	Date 01/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
		Deer Park, TX 77536					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 06/04/2024				Amount of Contribution (\$)	\$1,000.00	
Washington, DC 20003 Principal occupation / Job title (See Instructions) Employer (See Instruction)			
	Date Full name of contributor out-of-state PAC (ID#:) Lindamood, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	Houston, TX 77069 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Lyondell Chemical Company PAC Contributor address; City; State; Zip Code Houston, TX 77010)		Amount of Contribution (\$)	\$1,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions)				
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Phillips 66 PAC Contributor address; City; State; Zip Code Washington, DC 20004			Amount of Contribution (\$)	\$1,000.66	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/29		
2	FILER NAME Paul, Dennis	R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	on Filers)	
4	Date 01/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$850.00	
_		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 04/15/2024 Sentry Insurance A Mutual Co PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Stevens Point, WI 54481 Principal occupation / Job title (See Instructions) Employer (See Instruction) 			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				')			
	Date 03/01/2024				Amount of Contribution (\$)	\$500.00	
		Austin, TX 78716					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 101/30/2024 Texas Automobile Dealers Assn Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
			Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 103/01/2024 Texas Construction Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/29			
2	FILER NAME Paul, Dennis	s R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	on Filers)	
4	Date 02/21/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00	
		Hartford, CT 16183					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/12/2024 USAA Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
	San Antonio, TX 78288-0453						
Principal occupation / Job title (See Instructions) Employer (See Instruction							
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Weber, Jr., Phillip J. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		Houston, TX 77062					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Thomas D. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Navasota, TX 77868 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/17 Rpt: 10/29	Paul, Dennis R. (The Honorable) 00069502	
4	Date	5 Payee name	
	01/23/2024	Alvin Sun & Advertiser	
6	Amount (\$) \$695.00	7 Payee address; City; State; Zip Code 570 Dula St.	
		Alvin, TX 77511	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Ad in LaPorte Chamber magazine	
9	Complete ONLY if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/04/2024	BARWPAC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	C/O Debbie Roan	
	DUDDOGE	Houston, TX 77059	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Ad in BARW Directory	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/13/2024	Bay Area Houston Economic Partnership	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	P.O. Box 58724	
		Unit 3	
		Houston, TX 77258	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\dashv
	OF	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Invoice 34529	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	н	
			\neg

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/17 Rpt: 11/29	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	05/01/2024	City of Webster
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	101 Pennsylvania Ave
		Webster, TX 77598
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Deposit on venue for fundraiser
		Boposit on voltae for fantalacer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/01/2024	City of Webster
_	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	101 Pennsylvania Ave
	\$150.00	101 Perinsylvania Ave
		Webster, TX 77598
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental Fee for venue for fundraiser
		Northal Fee for Vertae for furtaliser
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dougo nama
	04/12/2024	Payee name Communities in Schools - Bay Area
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.00	PO Box 580096
		Houston, TX 77258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		KKIS Golf Tournament Cart Sponsor
		Taxio don Tournament out oponsor
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 12/29	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	01/22/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
		Waltham, MA 12451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Email service
		Email Service
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/18/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
		Waltham, MA 12451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email service
		Linui service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	03/18/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
		Waltham, MA 12451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email service
		Eiliali Service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
_		
L		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment					OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)		
	Sch: 4/17 Rpt: 13/29	Paul, Dennis R. (The Hono	rable)		00069502			
4	Date	5 Payee name						
	04/18/2024	Constant Contact						
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode				
	\$117.26	1601 Trapelo Road						
		Waltham, MA 12451						
8	PURPOSE OF	(a) Category (See Categories listed at	the top of this schedule)	(b) Description				
	EXPENDITURE	Fees			vel outside of Texas. Complete Scho stin, TX, officeholder living expense	edule T.		
				Email servi				
				Zilian colvi				
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht	Office held			
9	expenditure to benefit C/O		Office sou	gni	Office field			
_								
	Date	Payee name						
	05/18/2024	Constant Contact						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$117.26	1601 Trapelo Road						
		Waltham, MA 12451						
	PURPOSE OF	(a) Category (See Categories listed at		(b) Description				
	EXPENDITURE	Office Overhead/Rental Ex	pense		vel outside of Texas. Complete Sche stin, TX, officeholder living expense	edule T.		
				Email Serv				
				Linaii Serv				
_	Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht	Office held			
	expenditure to benefit C/O		Office sou	gni	Office field			
	Date	Payee name						
L	06/18/2024	Constant Contact						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$117.26	1601 Trapelo Road						
		Waltham, MA 12451						
	PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b) Description				
	OF EXPENDITURE	Office Overhead/Rental Ex	pense		vel outside of Texas. Complete Sche	edule T.		
	ZA ZHOHORZ			ш	stin, TX, officeholder living expense			
				Email servi	CE			
	0 1. 0	0 "1 ' '0" ' ' ' '		<u> </u>	000			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	gnt	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 14/29	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	04/15/2024	DCA Food Hall
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.14	Reagan Airport
		Washington, DC 20001
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal while traveling
		mod wine davoing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/29/2024	Grand Hyatt Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,216.33	900 E. Market
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging & Expenses related to the Republican Party
		of Texas State Convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/29/2024	Grand Hyatt Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,316.66	900 E. Market
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging & Expenses related to the Republican Party
		of Texas State Convention
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Cor	The Instruction Guide exp	Printin Salarie		nse es/Contract Labor	Travel Out of I		
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID	(Ethics Commission F	ilers)
	Sch: 6/17 Rpt: 15/29		Paul, Dennis R. (The Honorable)				00069502	!	
4	Date	ı	Payee name						
	03/05/2024		Harris County Republican Party						
6	Amount (\$)	7	Payee address; City; S	State; Zip	Code				
	\$2,500.00		8588 Katy Freeway, Suite 445						
			Houston, TX 77024						
8	PURPOSE	(a)	Category (See Categories listed at the top of the	nis schedule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By			_	outside of Texas. Co		
			Candidate/Officeholder/Political Co	ommittee			ı, TX, officeholder livi Or SD convent		
						Винк Сарз н	or ob convent	10113	
9	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Office s	ough	<u> </u>	Office I	hold	
٦	expenditure to benefit C/O		andidate/Officenoider name	Office s	ougin	L	Office	ileiu	
\vdash	Date		Payee name						
	04/25/2024		Harris County Republican Party						
	Amount (\$)	T	Payee address; City; S	State; Zip	Code				
	\$2,000.00		8588 Katy Freeway, Suite 445						
			Houston, TX 77024						
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	nis schedule)	(b) Description			
	EXPENDITURE		Salaries/Wages/Contract Labor			<u> </u>	outside of Texas. Co , TX, officeholder livi		
						ш	an Dinner spo		
						3	•	·	
	Complete ONLY if direct		andidate/Officeholder name	Office s	ough	t	Office I	held	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	04/18/2024		Hilton Americas						
	Amount (\$)		Payee address; City; S	State; Zip	Code				
	\$25.00		1600 Lamar Street						
			Houston, TX 77010						
	PURPOSE	(a)	Category (See Categories listed at the top of the	nis schedule)	(b) Description			
	OF EXPENDITURE		Fees			<u> </u>	outside of Texas. Co		
						Parking	, TX, officeholder livi	ng expense	
						. arming			
	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Office s	ouahi	<u> </u>	Office I	held	
	expenditure to benefit C/OI			200		-	230		
Eor	ms provided by Tayas F	thic	Commission MARARA Oth	ice etata t	V IIC			Version V// 1.0 d2	70aha∩

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/17 Rpt: 16/29	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	02/20/2024	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.17	18251 Gulf Freeway
		Webser, TX 77598
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tools and supplies for campaign sign distribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/06/2024	La Porte - Bayshore Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	P.O. Box 996
		La Porte, TX 77572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tickets to Chamber banquet
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/22/2024	La Porte - Bayshore Chamber of Commerce
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 996
		La Porte, TX 77572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsor for state of the Cities
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Great Cara r ayment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/17 Rpt: 17/29	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	04/25/2024	La Porte - Bayshore Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	P.O. Box 996
		La Porte, TX 77572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Membership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•
	Date	Payee name
	03/22/2024	Larry M. Hicks CPA
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,505.00	4145 Gessner Road, Suite B-415
		Houston, TX 77080
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Accounting and compliance services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	06/26/2024	Larry M. Hicks CPA
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,589.00	4145 Gessner Road, Suite B-415
		Houston, TX 77080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Accounting and compliance services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
		The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 9/17 Rpt: 18/29	Paul, Dennis R. (The Honorable)	00069502				
4	Date	5 Payee name					
	04/11/2024	Longworth FC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$20.25	358 Ford House					
		Washington, DC 20515					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T.				
			rin, TX, officeholder living expense				
		Meal while t	raveiling				
L							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/01/2024	McDonald, Dawn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	11423 Sagevalley					
		Houston, TX 77089					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T.				
			in, TX, officeholder living expense				
		Contract La	bor for Campaign Services				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	experientare to benefit Great						
	Date	Payee name					
	03/27/2024	Millers Cafe					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$37.89	2403 Bay Area Blvd					
		Houston, TX 77058					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T.				
			tin, TX, officeholder living expense				
		Lunch meet	ing with staff				
_			200				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Superiorder to belieff 0/01	•					
	rms provided by Tevas E	thice Commission was athics state ty us	Version V// 1.0 d278aha0				

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete th	his form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 10/17 Rpt: 19/29	Paul, Dennis R. (The Honorable)			00069502	
4 Date	5 Payee name				
02/27/2024	NCOIL				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$347.00	616 Fifth Avenue Suite 106				
	Belmar, NJ 17719				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF EXPENDITURE	Fees		Check if travel outside		
			Check if Austin, TX,		
			9.04.04.0	opgoo.	9
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught		Office he	eld
expenditure to benefit C/O		J			
Date	Payee name				
03/11/2024	Pasadena Chamber of Commerce				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$250.00	4334 Fairmont Parkway				
	·				
	Pasadena, TX 77504				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF EXPENDITURE	Fees		Check if travel outsid		
EXI ENDITORE			Check if Austin, TX,		gexpense
		IVIE	embership due	55	
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht		Office he	eld
expenditure to benefit C/O				000	
Date	Payee name				
02/22/2024	Paul, Dennis				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$883.32	626 1/2 Barringer Lane, Ste. E				
	Webster, TX 77598				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF	Contributions/Donations Made By		Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX,	-	•
			eimbursement nds	for a Polica	Exp from personal
Operation Children	Open Highest (Office Includes as			0‴:	-1.4
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ugnt		Office he	eia

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders extended that is a second or secon

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed at Credit Card Payment						
		The Instruction Guide explains how to complete this form.	_				
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)		
	Sch: 11/17 Rpt: 20/29	Paul, Dennis R. (The Honorable)		00069502			
4	Date	5 Payee name					
	02/22/2024	Paul, Dennis					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$136.40	626 1/2 Barringer Lane, Ste. E					
		Webster, TX 77598					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE	Candidate/Officeholder/Political Committee		, officeholder living			
			ent	for a Polical	Exp from personal		
		funds					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld		
	experialitire to beliefit C/O	'					
	Date	Payee name					
	06/20/2024	Reboot Clear Lake					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	1107 Les Tally Drive					
		El Lago, TX 77586					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	_ · · · · · · · · · · · · · · · · · · ·	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE	Garrandato/ Grinderiol Grinderio	, TX	TX, officeholder living expense			
		Donation					
	0 1: 0.11.7.7.1.			055			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	ela		
	·						
	Date	Payee name					
	03/26/2024	Region One 2024 Convention					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	Pasadena CPAAA					
		Pasadena, TX 77501					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Continuations Made By		ide of Texas. Com			
		Candidate/Officeholder/Political Committee	, TX	, officeholder living	expense		
		Donation					
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.		
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·		Onice He	Ju		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awar Legal Ser	erage Expense ds/Memorials Expense vices truction Guide expl		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	l						ı	Filer ID	(Ethics Commission Filers)
L	Sch: 12/17 Rpt: 21/29	Pau	I, Dennis R. (T	he Honorable)					00069502	
4	Date	5 Paye	ee name							
	01/30/2024	Rota	ary Club of Spa	ace						
6	Amount (\$)	7 Paye	ee address;	City; S	State; Zip C	ode				
	\$300.00	121	8 Bob White D	rive						
L		Frie	ndswood, TX 7	7546						
8	PURPOSE	(a) Cate	gory (See Catego	ries listed at the top of th	nis schedule)	(b)	Description			
	OF EXPENDITURE			ations Made By			=			plete Schedule T.
		Can	didate/Officeh	older/Political Co	ommittee		Donation	, IX,	officeholder living	g expense
							Donation			
9	Complete ONLY if direct	<u> </u> Candi	date/Officeholde	r name	Office so	l uaht			Office he	eld
Ĺ	expenditure to benefit C/OI					agiit				
	Date	1 1	ee name	<u> </u>						
L	04/25/2024	Sou	th Belt-Ellingto	n Chamber of C	ommerce					
Amount (\$) Payee address; City; State; Zip Code										
	\$1,000.00 10500 Scarsdale									
L		Hou	ston, TX 7708	9						
	PURPOSE	(a) Cate	gory (See Catego	ries listed at the top of th	nis schedule)	(b)	Description			
	OF EXPENDITURE			ations Made By						plete Schedule T.
		r Can	aldate/Officeh	older/Political Co	ommittee		Scholarship a		officeholder living	
							Conolaronip C	avvu	45 6 7 6 1 1 6 5	551.501511IP
_	Complete ONLY if direct	l Candi	date/Officeholde	r name	Office so	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/OI				2 30	J				
H	Date	Pave	ee name							
	06/04/2024	1 1		n Chamber of C	ommerce					
	Amount (\$)				State; Zip C	ode				
	\$295.00	1 1	00 Scarsdale	, ·	, Zip O	540				
	\$200.00									
		Hou	ston, TX 7708	9						
	PURPOSE	(a) Cate	gory (See Catego	ries listed at the top of th	nis schedule)	(b)	Description			
	OF EXPENDITURE	Fee	S							plete Schedule T.
							Membership		officeholder living	j expense
	Complete ONLY if direct	<u>L</u> Candi	date/Officeholde	r name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI				2 30	J				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 13/17 Rpt: 22/29	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	04/05/2024	South Belt-Ellington Leader
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	11555 Beamer
		Houston, TX 77089
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EX. ENDITORE	Christman signature ad
		Christmas signature ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	06/03/2024	South Belt-Ellington Leader
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	11555 Beamer
	¥ 10.00	
		Houston, TX 77089
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Ad in graduation issue
		7.d iii graddalloii issae
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/13/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.98	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Airfare
		Amare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 23/29	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	03/13/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$374.98	2702 Love Field Dr
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Airfare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/13/2024	Southwest Airlines
	Amount (\$) \$475.98	Payee address; City; State; Zip Code 2702 Love Field Dr
	φ 4 13.30	2702 Love Field Di
		D. H. TV 75005
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
-	Date	Payee name
	05/09/2024	Southwest Airlines
	Amount (\$)	
	\$238.98	Payee address; City; State; Zip Code 2702 Love Field Dr
	φ230.90	2702 Love Field Di
		Dallag TV 75005
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment		Committee Legal Servi	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/17 Rpt: 24/29	Paul, Dennis R. (Th	e Honorable)				00069502		
4	Date	5 Payee name							
	02/19/2024	Sprint 2 Print							
6	Amount (\$) \$504.00	7 Payee address; C 8748 Clay Rd., Ste.	ity; State; Zip 300	Code					
		Houston, TX 77080							
8	PURPOSE OF		es listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign signs							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder	name Office	sought			Office he	eld	
	Date	Payee name							
	03/29/2024	The Stephen F. Aus	stin						
	Amount (\$)	Payee address; C	ity; State; Zip	Code					
	\$13.00	701 Congress Ave							
		Austiin, TX 78701							
	PURPOSE OF		es listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Fees					de of Texas. Com officeholder living		
					Parking			, - , - , - , - , - , - , - , - , - , -	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder	name Office	sought			Office he	eld	
	Date	Payee name							
	02/06/2024	The Yates Compan	y						
	Amount (\$)	Payee address; C	tity; State; Zip	Code					
	\$2,000.00	PO Box 75190	,,						
	, ,								
		Houston, TX 77234							
	PURPOSE OF		es listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Consulting Expense			ш		de of Texas. Com officeholder living		
					Campaign co				
					1 3		3		
	Complete ONLY if direct	Candidate/Officeholder	name Office	sought			Office he	eld	
	expenditure to benefit C/OI	ł		J					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 16/17 Rpt: 25/29	Paul, Dennis R. (The Honorable) 00069502					
4	Date	5 Payee name					
	02/06/2024	The Yates Company					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$213.87	PO Box 75190					
		Houston, TX 77234					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Design ad for TFRW publication					
		Besign ad for 17 100 publication					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	-					
	Date	Payee name					
	03/04/2024	The Yates Company					
Amount (\$) Payee address; City; State; Zip Code							
	\$1,000.00 PO Box 75190						
	Houston, TX 77234						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE		Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Campaign consulting services							
		1.4.3					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						
	Date	Payee name					
	05/04/2024	The Yates Company					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,000.00	PO Box 75190					
	Houston, TX 77234						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
		Candidate/Officeholder/Political Committee					
		Campaign consulting					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						

SCHEDULE F1

(Ethics Commission Filers)

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

Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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 now to complete this form:		
1	Total pages Schedule F1:	2	FILER NAME	3	Filer I
	Sch: 17/17 Rpt: 26/29		Paul, Dennis R. (The Honorable)		0006

	Sch: 17/17 Rpt: 26/29	Paul, Dennis R. (The Honorable)	00069502			
4	Date 02/14/2024	5 Payee name Tri County Republican Womens Club PAC				
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Coo PO Box 1021 Pearland, TX 77588	de			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Club lunch meeting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	ght	Office held		
	Date 05/09/2024	Payee name United Airlines				
	Amount (\$) \$238.60	Payee address; City; State; Zip Coo	de			
PURPOSE OF EXPENDITURE		Houston , TX 77002 (a) Category (See Categories listed at the top of this schedule) Travel Out of District		Description X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Airfare		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	ght	Office held		
	Date 04/15/2024	Payee name Waldorf				
Amount (\$) \$1,573.22		Payee address; City; State; Zip Code 1100 Pennsylvania				
		Washington DC, DC 20004				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Lodging		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging for trip to DC to advocate for coastal barrier funding		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 1/1 Rpt: 27/29 Paul, Dennis R. (The Honorable) 00069502 Date Payee name 02/22/2024 **TDCJ** Payee address; Amount (\$) City; State; Zip Code P.O. Box 4013 \$883.32 Reimbursement from political contributions Х intended Huntsville, TX 77342 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Reimbursement for a Polical Exp from personal funds Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/22/2024 **TDCJ** Amount (\$) Payee address; City; State; Zip Code \$136.40 P.O. Box 4013 Reimbursement from political contributions Χ Huntsville, TX 77342 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee 02/02 TDCJ - Serving trays donated for fundraising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE T

The Insti	ruction (Guide explains	1 Total pages Schedule T: Sch: 1/2 Rpt: 28/29					
2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Paul, Dennis R.	-				00069502			
		ation or Labor Orga	anization / Pledgor /Paye	ee				
Southwest Airlin								
5 Contribution / Expe								
Schedule A2	브	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel 7 Name of person(s) traveling								
	Paul, Dennis							
	8 Depart	ure city or name of	departure location					
04/08/2024	Houst	Houston						
	l	•	of destination location					
04/08/2024	Washi	ington DC						
10 Means of transpor		1	vel (including name of c		other event)			
Commercial Airp	lane	Lobby for Co	astal Barrier Funding					
Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee				
Southwest Airlin	es							
Contribution / Expe	enditure rep	oorted on:						
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel	Name	of person(s) traveli	ng					
	Paul,	Dennis						
	Depart	ure city or name of	departure location					
04/14/2024	Nashv	/ille						
	Destina	ation city or name o	of destination location					
04/14/2024	Houst	on						
Means of transpor	tation	Purpose of tra	vel (including name of c	onference, seminar, or	other event)			
		Return Home	е					
Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee				
Southwest Airlin	es							
Contribution / Expe	enditure rep	oorted on:						
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel Name of person(s) traveling								
Paul, Dennis								
Departure city or name of departure location								
04/11/2024 Washington DC Destination city or name of destination location								
04/11/2024 Nashville								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
Commercial Airp	lane	Attend Legis	lative Insurance Asso	ciation National Mee	eting			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H Dates of Travel Name of person(s) traveling Paul, Dennis Departure city or name of departure location 05/21/2024 Houston Destination city or name of destination location 05/21/2024 Washington DC 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Attend Legislative Association (ALEC) Meetings Commercial Airplane 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 X Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Paul, Dennis Departure city or name of departure location 05/23/2024 Washington DC Destination city or name of destination location 05/23/2024 San Antonio Means of transportation Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Attend Republican Party of Texas State Convention