# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commis 00087820		2 Total pages file	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Don E.		MI	OFFICE U	JSE ONLY
NAME		DOITE.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/02/2024	
		McLaughlin		Jr.		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING ADDRESS	PO Box 1707				Receipt #	Amount
Change of Address	Uvalde, TX 78802				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	-	
NAME		Steve				
	NICKNAME	LAST		SUFFIX		
		McNew				
6 CAMPAIGN	STREET ADDRESS (NO F	O BOX PLEASE);	AP1	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	PO Box 1707					
(Residence or Business)	Uvalde, TX 78802					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(830) 278-7157					
8 REPORT TYPE	January 15	X 30th day before	election	Runoff	15th day after can	npaign treasurer
	July 15	8th day before 6	election $\square$	Exceeded modified	appointment (office Final Report (Atta	
	Suly 15	Diri day before t		reporting limit	T mai report (Auta	an oronn ny
9 PERIOD COVERED	Month Day Yea		IDOLICII	Month Day	Year	
	07/01/2024	In	IROUGH	09/26/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	Пои	
	Month Day Yea 11/05/2024		rimary	Runoff	Other	
		XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT		
				State Represent	ative District 80	
	•			1		
		GO Т	O PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 102

13 C / OH NAME	McLaughlin Jr., Don I	≣.	<b>14</b> Filer ID ( 00087820	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 432,005.59
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 162,860.21
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 210,884.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 65,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Don	E. McLaughlin Jr.	
			Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 102
	ER NAM	ME in Jr., Don E.	<b>19</b> Filer ID 00087820	(Ethics Commission Filers)
<b>20</b> SC	HEDUL	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 390,749.77
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 41,255.82
3.		\$		
4.		\$		
5.	Х	<b>\$</b> 162,860.21		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/37 Rpt: 4/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 07/11/2024	<ul><li>5 Full name of contributor</li><li>A&amp;B Leasing, LLC</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$4,400.00
_	<u> </u>	Laredo, TX 78043					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 08/05/2024	Full name of contributor  Amato, Charles  Contributor address; City; State		)		Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	San Antonio, TX 78216		Employer (See Instructions			
	Chairman	pation / Job title (See Instructions)		Employer (See Instructions SWBC	)		
	Date 09/10/2024	Full name of contributor Apoilinar, Adam Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Uvalde, TX 78801					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Uvalde Memorial Hospit			
	Date 08/14/2024	Full name of contributor Atascosa County Republicar Contributor address; City; State Poteet, TX 78065				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/10/2024	Full name of contributor Atchison, Joseph Contributor address; City; State Aubrey, TX 76227	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$104.10
	Principal occu Logistics Ma	pation / Job title (See Instructions) nager		Employer (See Instructions JC Davis	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/37 Rpt: 5/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 09/11/2024	<ul><li>5 Full name of contributor Austin, Susan</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	la	Employer (See Instructi	ions)		
Ü	Retired	pation 7 305 title (See instituctions)		Retired	0113)		
	Date 09/09/2024	Full name of contributor Ayala, Heather Contributor address; City; Sta		)		Amount of Contribution (\$)	\$200.00
		Uvalde, TX 78801					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructi Uvalde Pool & Spa	ons)		
	Date 08/21/2024	Full name of contributor Baldwin, Penn Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77019					
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instruction Self	ons)		
	Date 08/14/2024	Full name of contributor Barrow, James Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructi Barrow Law Office	ons)		
	Date 09/09/2024	Full name of contributor  Beasley, KC  Contributor address; City; Sta  Driftwood, TX 78619	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructi KPG Commercial	ons)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/37 Rpt: 6/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/16/2024	<ul><li>5 Full name of contributor Beasley, Kennon</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	7	Amount of Contribution (\$)	\$1,041.02
0	Principal occu	Driftwood, TX 78619	اه	Employer (See Instructions	<u>''</u>		
0	Real Estate	pation / Job title (See Instructions) Broker	9	KPG Commercial	·)		
	Date 09/18/2024	Full name of contributor Beasley, Kennon Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,033.06
	Principal occu	Driftwood, TX 78619 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Real Estate Broker			KPG Commercial	"		
	Date 09/11/2024	Full name of contributor Beasley, Shannon Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$200.00
		Castroville, TX 78009					
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Shannon Beasley Realt			
	Date 09/13/2024	Full name of contributor Beckelhymer, George Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Del Valle Group, Inc.	5)		
	Date 09/23/2024	Full name of contributor  Beer Alliance of Texas PA  Contributor address; City; Sta  Austin, TX 78701		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL (	CONTRIBUTIO	S 		SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 4/37 Rpt: 7/102
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission Filers) 00087820
4	Date 09/25/2024	<ul><li>5 Full name of contributor Bennett, Montgomery</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$) \$2,500.00
		Dallas, TX 75254					
8	Principal occu CEO	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions Ashford, Inc.	5)	
	Date 09/26/2024	Full name of contributor Benson, Tom Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Crystal City, TX 78839 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>	
	Ownder	panon / 000 and (000 monacon)			Self	,	
	Date 09/10/2024	Full name of contributor Blanchard, David Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$200.00
		Laredo, TX 78045					
	Principal occu Director	pation / Job title (See Instructions	(3)		Employer (See Instructions Victorious Christian Har		sters
	Date 09/26/2024	Full name of contributor Boyd, Jr., Marion Contributor address; City; S Carrizo Springs, TX 7883	·		)		Amount of Contribution (\$) \$350.00
	Principal occu Owner	pation / Job title (See Instructions	5)		Employer (See Instructions Southwest Texas Service		
	Date 09/09/2024	Full name of contributor Bracher, Paul Contributor address; City; S San Antonio, TX 78209	out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$100.00
	Principal occu President	pation / Job title (See Instructions	s)		Employer (See Instructions Frost Bank	s)	

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 5/37 Rpt: 8/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	ı Filers)
4	Date 08/28/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Rancher			Self			
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_ Brewer, Robert Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$200.00
		Shelby Township, MI 48315			L		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Michigan Schools & Go		nment Credit Union	
	Date	Full name of contributor		Wilchigan Schools & Go	I	Amount of Contribution (\$)	
	09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Brewer, Tom Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$520.51
		Uvalde, TX 78801					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Brobbeck, Neal Contributor address; City; State; Zip Code  New Braunfels, TX 78130				Amount of Contribution (\$)	\$200.00
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions Sonora Bank	<u>l</u> 5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Brown, Jama Contributor address; City; State; Zip Code  Uvalde, TX 78801		)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete tl	his form.	1	Total pages Schedule A1: Sch: 6/37 Rpt: 9/102	
2	FILER NAME McLaughlin			3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 08/13/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:)	7	Amount of Contribution (\$) \$	15,000.00
_	<u> </u>	Levelland, TX 79336-3123		<u></u>		
8	Date	pation / Job title (See Instructions)  Full name of contributor  ut-of-state PAC	9 Employer (See Instructions	5) 	Amount of Contribution (\$)	
	09/24/2024	Cantu, Liza  Contributor address; City; State; Zip Code				\$1,000.00
		Laredo, TX 78045				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Kraus Development	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:)  Cardenas, Alma  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10
		Dvalde, TX 78801 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired  Date Full name of contributor out-of-state PAC (ID#: 08/17/2024 Carnes, Amy  Contributor address; City; State; Zip Code		[ (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Owner	Uvalde, TX 78801 pation / Job title (See Instructions)	Employer (See Instructions Amy's Attic	<u> </u> 5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC Carnes, J.  Contributor address; City; State; Zip Code  Uvalde, TX 78801	(ID#:)		Amount of Contribution (\$)	\$520.51
	Principal occu Agriculture	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 7/37 Rpt: 10/102	=
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission Filers) 00087820	
4	Date 08/22/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$100.0	0
8	Principal occu	Sabinal, TX 78881	0	Employer (See Instructions	·, 		
0	Self	pation / Job title (See Instructions)	9	Employer (See Instructions Self	·)		
	Date 07/25/2024	Full name of contributor		)		Amount of Contribution (\$) \$1,000.0	0
	District	Kerrville, TX 78028		Fanda an (Carlos bastos etiana	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor x out-of-state PAC (ID#: C00397851 )  Centene Corporation PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.0	0	
		St. Louis, MO 63105			L		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Cheng, Karen Contributor address; City; State; Zip Code  Austin, TX 78739		)		Amount of Contribution (\$) \$250.0	0
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Centene Superior Healt		Plan	
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#:_Clark, Derbigny  Contributor address; City; State; Zip Code  Uvalde, TX 78801				Amount of Contribution (\$) \$520.5	1
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
		·					

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 8/37 Rpt: 11/102	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/06/2024	<ul><li>5 Full name of contributor Clark, Derbigny</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$100.00
_		Uvalde, TX 78801	,	_	5 1 (0 1 1 1	<u></u>		
8	Self	pation / Job title (See Instructions	5)	9	Employer (See Instructions Self	5)		
	Date 09/25/2024	Full name of contributor Clark, Derbigny Contributor address; City; S			)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Self	panon, oos ans (coo menasas	-,		Self	-,		
	Date 08/27/2024	Full name of contributor Coleman, Russell Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		)		Amount of Contribution (\$)	\$104.10
		Victoria, TX 77905						
	Principal occu Supervisor	pation / Job title (See Instructions	6)		Employer (See Instructions AEP	s)		
	Date 09/10/2024	Full name of contributor Coleman, Russell Contributor address; City; S Victoria, TX 77905			)		Amount of Contribution (\$)	\$52.05
	Principal occu Supervisor	pation / Job title (See Instructions	6)		Employer (See Instructions	5)		
	Date 09/24/2024	Full name of contributor Coleman, Russell Contributor address; City; S Victoria, TX 77905	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Supervisor	pation / Job title (See Instructions	5)		Employer (See Instructions AEP	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 9/37 Rpt: 12/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/06/2024	<ul><li>5 Full name of contributor Conrad, Peter</li><li>6 Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$200.00
_	Dringing	Uvalde, TX 78801	lo.	Frankrick (Cook books estimate			
8	Self	pation / Job title (See Instructions)	9	Employer (See Instructions Self	)		
	Date 08/28/2024	Full name of contributor  Conservative Republicans o  Contributor address; City; State				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Houston, TX 77234 pation / Job title (See Instructions)		Employer (See Instructions	)		
		,			,		
	Date 08/13/2024	Full name of contributor  Croxton, Faustine  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Uvalde, TX 78802	,				
	Accouting	pation / Job title (See Instructions)		Employer (See Instructions DKM Enterprises	)		
	Date 09/16/2024	Full name of contributor Curbow, Kelly Contributor address; City; State San Marcos, TX 78666				Amount of Contribution (\$)	\$250.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 09/25/2024	Full name of contributor  DTH Strategies, LLC  Contributor address; City; State  Austin, TX 78701	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			ı				

	MONET	ARY POLITICAL CONTRII	BUTIONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to comple	te this form.	1	Total pages Schedule A1: Sch: 10/37 Rpt: 13/102	
2	FILER NAME McLaughlin	Jr., Don E.		3	Filer ID (Ethics Commissi 00087820	on Filers)
4	Date 08/12/2024	<ul> <li>5 Full name of contributor</li></ul>	PAC (ID#:		7 Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Catarina, TX 78836 pation / Job title (See Instructions)	9 Employe	er (See Instructions)		
	Date 08/08/2024	Full name of contributor out-of-state David L. Cook Campaign Account  Contributor address; City; State; Zip Code  Mansfield, TX 76063-1705			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employe	er (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state  De La Garza, Luis  Contributor address; City; State; Zip Code	PAC (ID#:	)	Amount of Contribution (\$)	\$100.00
	Principal occu President	Laredo, TX 78045 pation / Job title (See Instructions)		er (See Instructions) opraisal, Inc.		
	Date 09/15/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Staff	Laredo, TX 78043 pation / Job title (See Instructions)		er (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state  De Leon, Ignacio  Contributor address; City; State; Zip Code  Laredo, TX 78045	PAC (ID#:		Amount of Contribution (\$)	\$200.00
	Principal occu Owner	pation / Job title (See Instructions)		er (See Instructions) McDonalds		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/37 Rpt: 14/102
2	FILER NAME McLaughlin	Jr., Don E.		3	Filer ID (Ethics Commission Filers) 00087820
4	Date 09/25/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$50,000.00
8	Principal occu	Amarillo, TX 79102 pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 07/28/2024	Full name of contributor out-of-state PAC (ID#:_ Dishman, CM Contributor address; City; State; Zip Code  Uvalde, TX 78801			Amount of Contribution (\$) \$200.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)	
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Dorazio, Mark  Contributor address; City; State; Zip Code  San Antonio, TX 78232		Amount of Contribution (\$) \$1,000.00	
	Principal occu State Rep.	pation / Job title (See Instructions)	Employer (See Instructions State of Texas	)	
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Downing, Charles  Contributor address; City; State; Zip Code  Uvalde, TX 78801			Amount of Contribution (\$) \$200.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ DuBose, Win Contributor address; City; State; Zip Code  Uvalde, TX 78801	)		Amount of Contribution (\$) \$200.00
	Principal occu Branch Man	pation / Job title (See Instructions) ager	Employer (See Instructions Chicago Title	)	

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	nplete this form	n.	1	Total pages Schedule A1: Sch: 12/37 Rpt: 15/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 07/18/2024	Duhring, Victoria	-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$5.21
•	Dringing aggr	Uvalde, TX 78801	lo.	Employer (Coo Instructions			
8	Self	pation / Job title (See Instructions)		Employer (See Instructions Victoria Communications			
	Date 09/26/2024	Full name of contributor out-of- Earl, David Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	San Antonio, TX 78256 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney	pation / cos title (cos mondottono)		Earl Associates, PC	,		
	Date 09/11/2024	Full name of contributor out-of-Elliott, Jan Contributor address; City; State; Zip C	-state PAC (ID#: ode			Amount of Contribution (\$)	\$100.00
	<u> </u>	Uvalde, TX 78801					
	Rancher	pation / Job title (See Instructions)		Employer (See Instructions El Bigote Cattle Co.	)		
	Date 09/09/2024	Espinoza, Mark		)		Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Skyway Entertainment	)		
	Date 09/26/2024	Full name of contributor out-of- Family Empowerment Coalition PA Contributor address; City; State; Zip C  Austin, TX 78734				Amount of Contribution (\$)	\$40,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			,				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 13/37 Rpt: 16/102	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 07/09/2024	<ul><li>5 Full name of contributor Felts, Jordan</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code			7	Amount of Contribution (\$)	\$2,602.54
_		San Antonio, TX 78209	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
8	Owner	pation / Job title (See Instruction	S) S		Employer (See Instructions Western Mobile Mix, LL			
	Date 09/11/2024	Full name of contributor Foster, Chad  Contributor address; City; S					Amount of Contribution (\$)	\$1,500.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instruction:	s)		Employer (See Instructions	<u> </u>		
	Owner				Black Rock Managemer	nt		
	Date 09/26/2024	Full name of contributor Fragoso, Eduardo  Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$100.00
		Laredo, TX 78043						
	Principal occu JJAEP	pation / Job title (See Instruction	s)		Employer (See Instructions Webb County	5)		
	Date 09/11/2024	Full name of contributor Gager, Stephanie Contributor address; City; S Uvalde, TX 78801	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instruction:	s)		Employer (See Instructions Retired	()		
	Date 09/11/2024	Full name of contributor Gallardo, Javier Contributor address; City; S Uvalde, TX 78801	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
	Principal occu Project Mana	pation / Job title (See Instruction: ager	s)		Employer (See Instructions DKM Enterprises	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 14/37 Rpt: 17/102	
2	FILER NAME McLaughlin			3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 09/26/2024	<ul> <li>Full name of contributor</li></ul>	#:)	7	Amount of Contribution (\$)	\$350.00
8	Principal occu	Carrizo Springs, TX 78834 pation / Job title (See Instructions)	9 Employer (See Instructions	 		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID# Garza, Abraham Contributor address; City; State; Zip Code Carrizo Springs, TX 78834			Amount of Contribution (\$)	\$150.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Southwest Texas Service			
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID# Glenn, L. Schaeffer  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Vice Preside	Pation / Job title (See Instructions)	Employer (See Instructions Superior Health Plan	<u> </u> 5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID# Gomez, Erik  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Law Enforce	Laredo, TX 78046 pation / Job title (See Instructions) ment Officer	Employer (See Instructions Government	<u> </u> 5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID# Hellums, Carl Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	#:)		Amount of Contribution (\$)	\$200.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Tasador, Inc.	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 15/37 Rpt: 18/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/04/2024	<ul><li>5 Full name of contributor  Hogan, Barbara</li><li>6 Contributor address; City; State;</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	la	Employer (See Instructions			
<u> </u>	Retired	pation 7 300 title (See Instructions)		Retired	')		
	Date 09/11/2024	Full name of contributor Hutton, Bart  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions			
	CEO	pation / 300 title (See Instructions)		Texas Ag Equipment	')		
	Date 09/19/2024	Full name of contributor IBC State Political Action Con Contributor address; City; State;		)		Amount of Contribution (\$)	\$2,000.00
		San Atonio, TX 78205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/18/2024	Full name of contributor  Joe Hargrove Cattle Hunting  Contributor address; City; State;  Uvalde, TX 78801				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/18/2024	Full name of contributor  Jones, Will  Contributor address; City; State;  Austin, TX 78731	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Jones Law Firm	i)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTI	NS		SCHEDUI	E A1	
	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 16/37 Rpt: 19/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 08/28/2024	<ul> <li>Full name of contributor  x out-of-KOCHPAC - KOCH, INC.</li> <li>Contributor address; City; State; Zip Compared to the contributor address.</li> </ul>	state PAC (ID#: <u>C</u> ode	000236489)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Wichita, KS 67220 pation / Job title (See Instructions)		Employer (See Instructions			
	Date 08/21/2024		state PAC (ID#:_	)		Amount of Contribution (\$)	\$104.10
	Principal occu Real Estate	pation / Job title (See Instructions) Agent		Employer (See Instructions Koontz Corp.	)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:)  Kothmann, Roy  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
	Principal occu Retired	Dvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 09/10/2024	Laffere, Brandon  Contributor address; City; State; Zip Co	state PAC (ID#:_	)		Amount of Contribution (\$)	\$300.00
	Principal occu Co-owner	Dvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions Laffere Farms	)		
	Date 09/09/2024	Full name of contributor out-of- Larkin, Joyce  Contributor address; City; State; Zip Co	state PAC (ID#:_	)		Amount of Contribution (\$)	\$260.25
	Principal occu Health Care	pation / Job title (See Instructions)		Employer (See Instructions Centene Corp.	)		

	MONET	ARY POLITICAL CONTRIBU	TION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 17/37 Rpt: 20/102	
2	FILER NAME McLaughlin	lr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/19/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,041.02
8	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Investments	,		Self	,		
	Date 08/12/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1,000.00
		Lubbock, TX 79493					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor  out-of-state PAC  Lubbock Area Republican Women PAC  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$9,000.00
		Lubbock, TX 79493					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC Luther, Shelly Contributor address; City; State; Zip Code Sherman, TX 75090		)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC Maldonado, Jerry  Contributor address; City; State; Zip Code  Laredo, TX 78041	(ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Warren Transport, Inc.	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 18/37 Rpt: 21/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/26/2024	<ul><li>5 Full name of contributor Marasco, Danielle</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	) 9	Employer (See Instructions	<u> </u>		
•	Owner	panem, cos uno (coo monuono)		McDonald's Franchise	,		
	Date 09/24/2024	Full name of contributor  Marceaux, Robert  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,041.02
		Abbeville, LA 70510					
	Principal occu Retired	pation / Job title (See Instructions)	)	Employer (See Instructions Retired	5)		
	Date 09/08/2024	Full name of contributor  Marquardt, Rhonda  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Uvalde, TX 78801					
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Estate Sale Liquidator	)		
	Date 09/10/2024	Full name of contributor  McCarley, Brian  Contributor address; City; Sta  Uvalde, TX 78801	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$260.25
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 07/22/2024	Full name of contributor McCord, Joseph Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$104.10
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			,				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 19/37 Rpt: 22/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/22/2024	McCord, Joseph	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$104.10
8	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Retired			Retired			
	Date 08/22/2024	McCord, Joseph  Contributor address; City; State; 2				Amount of Contribution (\$)	\$104.10
	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	pation / 300 title (See Instructions)		Retired	,		
	Date 09/23/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Pleasanton, TX 78064					
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 08/13/2024	Full name of contributor Contributor Contributor address; City; State; 2  Uvalde, TX 78801	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Colemen, Horton & Co.	)		
	Date 09/10/2024	Full name of contributor Contributor Contributor address; City; State; 2  Uvalde, TX 78801	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Colemen, Horton & Co.	)		
			l				

	MONET	ARY POLITICAL CON	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to c	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 20/37 Rpt: 23/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/11/2024	<ul> <li>5 Full name of contributor on McElroy, Van</li> <li>6 Contributor address; City; State; Zi</li> </ul>	ut-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	Ţ,	9 Employer (See Instructions	)		
	Retired	patient, cop title (coe metadatene)		Retired	,		
	Date 08/14/2024	McFadin, Archie  Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dvalde, TX 78802 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Farmer			Self			
	Date 07/17/2024	Full name of contributor ou ou McGlothin, James  Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$104.10
	Principal occu	Houston, TX 77055 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	pation / Job title (See Instructions)		Retired	)		
Date Full name of contributor out-of-state PAC (ID#: 09/09/2024 Mickley, Cornell  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$200.00	
	Principal occu Director	Laredo, TX 78045 pation / Job title (See Instructions)		Employer (See Instructions Webb County	)		
	Date 09/25/2024	Full name of contributor ou Moak Casey PAC  Contributor address; City; State; Zi  Austin, TX 78701	p Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 21/37 Rpt: 24/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/16/2024	<ul><li>5 Full name of contributor Monford, John</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78257	1				
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions JTM Consulting	5)		
	Date 09/15/2024	Full name of contributor  Montemayor, Patricia  Contributor address; City; Sta				Amount of Contribution (\$)	\$400.00
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Owner			Montemayor Construction	on		
	Date 09/15/2024	Full name of contributor  Montemayor, Roger  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$400.00
		Laredo, TX 78041					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions  Montemayor Construction			
	Date 07/02/2024	Full name of contributor  Mosing, Greg  Contributor address; City; Sta  Broussard, LA 70518				Amount of Contribution (\$)	\$5,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 09/11/2024	Full name of contributor Nanney, Les Contributor address; City; Sta Uvalde, TX 78801	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u>,                                     </u>				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 22/37 Rpt: 25/102	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 08/21/2024	<ul><li>5 Full name of contributor Nelson, Mary Ellen</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$260.25
_	Deireitade	Corpus Christi, TX 78413	, I	_	Frankrije (Ozakastice			
8	Rancher	pation / Job title (See Instructions	)	9	Employer (See Instructions Self	5)		
	Date 07/18/2024	Full name of contributor Newton, Kurt Contributor address; City; St					Amount of Contribution (\$)	\$1,000.00
	Principal occu	Kingsbury, TX 78638 pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u>		
	General Con		,		Self	,		
	Date 09/11/2024	Full name of contributor Niemeyer, Victor John Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$400.00
		Knippa, TX 78870						
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 09/26/2024	Full name of contributor Olivarez, Lizeth Contributor address; City; St Laredo, TX 78045			)		Amount of Contribution (\$)	\$100.00
	Principal occu Education Sp	pation / Job title (See Instructions pecialist	)		Employer (See Instructions REgion One ESC	5)		
	Date 08/13/2024	Full name of contributor Packer, Josh Contributor address; City; St Uvalde, TX 78801	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu Inspector	pation / Job title (See Instructions	)		Employer (See Instructions Lone Star Inspections	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 23/37 Rpt: 26/102	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 08/19/2024	<ul><li>5 Full name of contributor Parker, Jr., Joseph</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$4,000.00
_		Uvalde, TX 78801	+	_				
8	Principal occu Self	pation / Job title (See Instructions)		9	Employer (See Instructions Self	5)		
	Date 09/11/2024	Full name of contributor Parman, BD Contributor address; City; Sta			)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78248 pation / Job title (See Instructions)	,		Employer (See Instructions	<u> </u> ;)		
	Owner				Fulcrum Properties			
	Date 09/18/2024	Full name of contributor Parman, Bryan Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78248						
	Principal occu CEO	pation / Job title (See Instructions)			Employer (See Instructions Fulcrum Properties	5)		
	Date 09/26/2024	Full name of contributor Pat Curry Campaign Contributor address; City; Sta Waco, TX 76712			)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions	5)		
	Date 08/10/2024	Full name of contributor Patterson, Lawrence Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00
	Principal occu Executive	pation / Job title (See Instructions)			Employer (See Instructions Glass Doctor	5)		
			'					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 24/37 Rpt: 27/102	
2	FILER NAME McLaughlin			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/08/2024	<ul> <li>Full name of contributor</li></ul>	:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/08/2024  Principal occu	Full name of contributor out-of-state PAC (ID# Pete Flores Campaign Contributor address; City; State; Zip Code  Austin, TX 78701 pation / Job title (See Instructions)		<u> </u>	Amount of Contribution (\$)	\$1,000.00
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID# Phillips 66 PAC Contributor address; City; State; Zip Code Baton Rouge, LA 70879	:)		Amount of Contribution (\$)	\$1,000.66
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID# Ponish, Howard (Dr.)  Contributor address; City; State; Zip Code  Uvalde, TX 78801			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Chiropractor	<u> </u>		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Price Cattle Co.  Contributor address; City; State; Zip Code  Uvalde, TX 78801	:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 25/37 Rpt: 28/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/11/2024	<ul> <li>Full name of contributor  out-of-Raines, James</li> <li>Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$100.00
_	Daine in all a con-	Uvalde, TX 78801		Faradaya (Osadasatisas	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Rancher	5)		
	Date 09/11/2024	Full name of contributor out-of-Rambie, Stephen Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$100.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	Owner	paner, rece and (ese medicale)		Events Unlimited	,		
	Date 08/08/2024	Full name of contributor out-of-Reading, Jared  Contributor address; City; State; Zip C	-state PAC (ID#: ode	)		Amount of Contribution (\$)	\$2,602.54
		Uvalde, TX 78801					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Uvalde Memorial Hospit	•		
	Date 09/24/2024	Full name of contributor out-of- Republican Women of Kerr County Contributor address; City; State; Zip C Kerrville, TX 78029		)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/25/2024	Reyes, Ruben	-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Quarter Mile, Inc.	5)		
			1				

	MONET	ARY POLITICAL (		SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 26/37 Rpt: 29/102	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 08/28/2024	<ul><li>5 Full name of contributor Roberts, Amy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$300.00
		Uvalde, TX 78801						
8	Principal occu Self	pation / Job title (See Instructions	3)	9	Employer (See Instructions Self	5)		
	Date 08/13/2024	Full name of contributor Roberts, Heather Contributor address; City; S	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$200.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	Mom	,	,		Self			
	Date 09/24/2024	Full name of contributor Ron Lewis & Associates Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor Roswell, Maria Contributor address; City; S Uvalde, TX 78802	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$208.20
	Principal occu Self	pation / Job title (See Instructions	s)		Employer (See Instructions Domestic Engineer	s)		
	Date 08/13/2024	Full name of contributor Rubio, Susan Contributor address; City; S Bulverde, TX 78163	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$5,205.08
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 27/37 Rpt: 30/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/11/2024	<ul><li>5 Full name of contributor Ruthledge, Jack</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
8	Dringing con	Uvalde, TX 78802	lo.	Employer (See Instructions	_		
0	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	')		
	Date 09/26/2024	Full name of contributor Saenz, H. Jamie Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Carrizo Springs, TX 78834 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	OWNER			NAPA Auto Parts	•		
	Date 09/25/2024	Full name of contributor  Sanders, Mark  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78738					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Superior Health Plan	)		
	Date 09/09/2024	Full name of contributor Sasser, Trebes (Mr.) Contributor address; City; State San Antonio, TX 78209	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Ridgemont Properties	()		
	Date 08/01/2024	Full name of contributor Scharbauer, Douglas Contributor address; City; State Midland, TX 79702-2888	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Douglas Scharbauer Ma		gement	
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 28/37 Rpt: 31/102	
2	FILER NAME McLaughlin			3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 08/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Schrutka, Misti</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Uvalde, TX 78801  pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Sales	,	DKM Enterprises	,		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Schrutka, Misti  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing agg	Uvalde, TX 78801	Employer (See Instructions	_		
	Sales	pation / Job title (See Instructions)	DKM Enterprises	')		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_Schwarz, Delia  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		Laredo, TX 78045	1			
	Owner	pation / Job title (See Instructions)	Employer (See Instructions Blue Chip Catering	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Scott, Tina Contributor address; City; State; Zip Code Uvalde, TX 78801			Amount of Contribution (\$)	\$100.00
	Principal occu Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions Black Rock Managemer			
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_Shahan Law Firm  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Brackettville, TX 78832 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/37 Rpt: 32/102	
	FILER NAME McLaughlin	Jr., Don E.		3	Filer ID (Ethics Commission 00087820	on Filers)
	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Date 08/17/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Cody  Contributor address; City; State; Zip Code  Uvalde, TX 78801	Retired		Amount of Contribution (\$)	\$100.00
	Principal occu Banker	pation / Job title (See Instructions)	Employer (See Instructions First State Bank of Uvalo			
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Sosa, Virginia Contributor address; City; State; Zip Code Uvalde, TX 78801			Amount of Contribution (\$)	\$200.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Uvalde Eye Center	<u>                                      </u>		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Southwest Texas Serivces, LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Carrizo Springs, TX 78834 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_ Stallings, Kyle Contributor address; City; State; Zip Code Midland, TX 79702	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Desert Royalty Co.	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 30/37 Rpt: 33/102	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/11/2024	<ul><li>5 Full name of contributor Stary, Chad</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$200.00
_	<u> </u>	Uvalde, TX 78801	, , , , , , , , , , , , , , , , , , , ,		5 1 (0 1 1 1	<u></u>		
8	Principal occu President	pation / Job title (See Instruction	5)	9	Employer (See Instructions First State Bank of Uval			
	Date 08/27/2024	Full name of contributor Sutherland, Cinco Contributor address; City; S		••••	)		Amount of Contribution (\$)	\$200.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instruction	5)		Employer (See Instructions	<u> </u> 5)		
	Retired				Retired			
	Date 09/10/2024	Full name of contributor Sutherland, Macy Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
		Uvalde, TX 78801						
	Principal occu Office Manaç	pation / Job title (See Instruction ger	S)		Employer (See Instructions Texas Ag Equipment	5)		
	Date 09/03/2024	Full name of contributor TBA Bank PAC - State Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)		
	Date 07/19/2024	Full name of contributor Tarski, Paul Contributor address; City; S Uvalde, TX 78801	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instruction	5)		Employer (See Instructions Tarski Law Firm	5)		
	•							

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 31/37 Rpt: 34/102
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission Filers) 00087820
4	Date 09/25/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$200.00
_		Laredo, TX 78043	_		Ĺ	
8	Owner	pation / Job title (See Instructions)	9	Employer (See Instructions MT Carriers, LLC	5)	
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Tawil, Rafael (Lady)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$200.00
	Principal occur	Laredo, TX 78045 pation / Job title (See Instructions)		Employer (See Instructions	:) [	
	President			TUM Logistics	,	
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texans United for a Conservative Majority  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$25,000.00
		Victoria, TX 77901				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#: Texans United for a Conservative Majority  Contributor address; City; State; Zip Code  Victoria, TX 77901				Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)	
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texans United for a Conservative Majority  Contributor address; City; State; Zip Code  Victoria, TX 77901		)		Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
		l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/37 Rpt: 35/102
2	FILER NAME McLaughlin	Jr., Don E.		3	Filer ID (Ethics Commission Filers) 00087820
4	Date 09/23/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$25,000.00
8	Dringinal occu	Victoria, TX 77901 pation / Job title (See Instructions)	9 Employer (See Instructions		
0	-		5 Employer (See Instructions	·)	
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$57,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>	
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$100.00
	Principal occu	Austin, TX 78754 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AgFund Contributor address; City; State; Zip Code Waco, TX 76702-2689			Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/37 Rpt: 36/102	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	McLaughlin	Jr., Don E.			00087820	
4	Date 08/26/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/25/2024	Texas Oil & Gas Assoc. Good Government Con	nmittee			\$3,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/03/2024	Texas Wildlife Association PAC				\$1,500.00
		Contributor address; City; State; Zip Code  New Braunfels, TX 78132				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	, 		
	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/04/2024	Thompson, Kathy				\$200.00
		Contributor address; City; State; Zip Code				
		Uvalde, TX 78802				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	08/26/2024	Tidwell, Connie				\$200.00
		Contributor address; City; State; Zip Code				
		Uvalde, TX 78801				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 34/37 Rpt: 37/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/10/2024	<ul><li>5 Full name of contributor Tidwell, Walter</li><li>6 Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Procurement	t		DKM Enterprise			
	Date 09/09/2024	Full name of contributor  Tom Oliverson Campaign  Contributor address; City; Stat		)		Amount of Contribution (\$)	\$5,000.00
		Houston , TX 77046					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/13/2024	Full name of contributor  Tooms, Liza  Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Baton Rouge, LA 70817					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/10/2024	Full name of contributor Triesch, Johnny Contributor address; City; Stat		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Longhorn Recycling	s)		
	Date 09/11/2024	Full name of contributor  Vasquez Family Enterprises  Contributor address; City; State  San Antonio, TX 78253				Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 35/37 Rpt: 38/102	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/07/2024	<ul><li>5 Full name of contributor</li><li>Vasut, Cody</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$260.25
_	Dein ein al. a a a	Angleton, TX 77516	- In	Frankrije (Ozakasti sa			
8	State Rep.	pation / Job title (See Instructions)	9	Employer (See Instructions State of Texas	5)		
	Date 09/26/2024	Full name of contributor Vasut, Cody Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
	Principal occu	Angleton, TX 77516 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	State Rep.	,		State of Texas	,		
	Date 09/11/2024	Full name of contributor Vaughan, Sharon Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Uvalde, TX 78801					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/09/2024	Full name of contributor Voltz, Vilma Contributor address; City; Sta Laredo, TX 78041		)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/12/2024	Full name of contributor Wagnon, Robert Contributor address; City; Sta Houston, TX 77030	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,041.02
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Republic State Mortgage			
			<u>'</u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 36/37 Rpt: 39/102	
2	2 FILER NAME  McLaughlin Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)	
4	Date 08/27/2024	<ul><li>5 Full name of contributor Wagnon, Robert</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77030	1				
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Republic State Mortgage			
	Date 09/12/2024	Full name of contributor  Wagnon, Robert  Contributor address; City; State  Houston, TX 77030	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$1,041.02
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	CEO			Republic State Mortgage	9		
	Date 09/13/2024	Full name of contributor  Whitwell, Lott  Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Uvalde, TX 78801					
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions TXN Bank	)		
	Date 09/25/2024	Full name of contributor Wholesale Beer Distributors Contributor address; City; State Austin, TX 78701		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 08/13/2024	Full name of contributor Williams, Richard Contributor address; City; State Uvalde, TX 78801	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions RKW Pipe	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 37/37 Rpt: 40/102	
2	FILER NAME McLaughlin			3	Filer ID (Ethics Commission 00087820	n Filers)
-			7	Amount of Contribution (\$)	\$200.00	
8	Principal occu	Uvalde, TX 78801  upation / Job title (See Instructions)	Employer (See Instructions     Watermelons Unlimited			
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#: Wolfe, Jared  Contributor address; City; State; Zip Code  Austin, TX 78733			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 41/102			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
McLaughlin		00087820				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution			
09/10/2024	Greg Abbott Campaign		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$11,400.00   Polling			
			į į			
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	J-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
	·		,			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
	,		(,) (			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
10 ii continuator	is a dring, law intri or parent(s) (ii arry) (i ort oobton'te)					
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description			
09/25/2024	Greg Abbott Campaign		\$4,772.721 Data			
	Contributor address; City; State; Zip Code		ļ ',' ' = ' = ' = ' = ' = ' = ' = ' = ' =			
			i			
			_			
	Austin, TX 78767	·	Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution			
09/25/2024	Greg Abbott Campaign		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$25,083.10 Digital Advertising			
			į į			
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
·	,		,			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
	,		, , ,			
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	, , , , , , , , , , , , , , , , , , , ,		, ( ), (			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
ii continuator	is a sima, raw min or parent(s) (ii any) (i on sobiethe)					
I						

### 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: 1/61 Rpt: 42/102	McLaughlin Jr., Don E. 00087820
4 Date	5 Payee name
09/11/2024	3D Impressions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$518.30	PO Box 2008
	Uvalde, TX 78802
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
	TShirts
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Date	Power name
08/23/2024	Payee name
	Alejandro, Gloria
Amount (\$)	Payee address; City; State; Zip Code
\$282.00	601 Sunrise Ave
	Uvalde, TX 78801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Block Walker
	BIOCK Walker
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	
Date	Payee name
09/09/2024	Alejandro, Gloria
Amount (\$)	Payee address; City; State; Zip Code
\$272.50	601 Sunrise Ave
	Uvalde, TX 78801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Block Walker
Operate: ONE VIII II	Openhildets (Office helder manner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/61 Rpt: 43/102	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
	09/13/2024	Alejandro, Gloria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$307.50	601 Sunrise Ave	
	400.100	332 3333	
		Uvalde, TX 78801	
Ļ	DUDDOOF		
8	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
T	Date	Payee name	
	09/20/2024	Alejandro, Gloria	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$307.50	601 Sunrise Ave	
	********		
		Uvalde, TX 78801	
_	DUDDOOF		
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	07/25/2024	Alphagraphics Northwest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,085.79	9971 IH 10 West	
		San Antonio, TX 78230	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Trinking Expense	Check if Austin, TX, officeholder living expense
			Door Hangers
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	<del></del>	

### SCHEDULE F1

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

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

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

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

	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: 3/61 Rpt: 44/102	McLaughlin Jr., Don E. 00087820	
4	Date	5 Payee name	
	08/14/2024	Alphagraphics Northwest	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,085.79	9971 IH 10 West	
		San Antonio, TX 78230	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Door Hangers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	н	
	Date	Payee name	
	09/03/2024	Alphagraphics Northwest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,117.74	9971 IH 10 West	
		San Antonio, TX 78230	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Door Hangers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	09/16/2024	Alphagraphics Northwest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,117.74	9971 IH 10 West	
		San Antonio, TX 78230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Door Hangers	
		Door Hungers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 4/61 Rpt: 45/102	McLaughlin Jr., Don E. 00087820
4 Date	5 Payee name
09/18/2024	Alphagraphics Northwest
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,804.98	9971 IH 10 West
	San Antonio, TV 70220
	San Antonio, TX 78230
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
	Door Hangers
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/16/2024	Axiom
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	800 W. 47th St.
	Suite 200
	Kansas City, MO 64112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
07/26/2024	Axiom
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	800 W. 47th St.
	Suite 200
	Kansas City, MO 64112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Advertising
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Forms provided by Texas F	thics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7

### 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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 5/61 Rpt: 46/102		ı Jr., Don E.					00087820		
4	Date	5 Payee name	<b>!</b>							
	08/16/2024	Axiom								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$4,000.00	800 W. 47t	h St.							
		Suite 200								
		Kansas Cit	y, MO 64112							
8	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting	Expense			=			plete Schedule T.	
						Consulting	IX,	officeholder living	g expense	
						Consulting				
0	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	ald	
9	expenditure to benefit C/OI		icendider flame	Office So	ugnt			Office In	eiu .	
	Date	Payee name	•							
	09/05/2024	Axiom								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$4,000.00	800 W. 47t	h St.							
		Suite 200								
		Kansas Cit	y, MO 64112							
	PURPOSE	(a) Category (s	See Categories listed at the to	n of this schedule)	(b)	Description				
	OF	Consulting		p of this seriedate)	'	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	<u> </u>	•				TX,	officeholder living	g expense	
						Consulting				
	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Office so	ught			Office he	eld	
	Date	Payee name	<del></del>							
	08/19/2024	Barrios, All	pert							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$2,700.00	208 W. Ga	rden St.	•						
		Uvalde, TX	78801							
	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labo	r		ш		de of Texas. Com officeholder living	plete Schedule T.	
						Block Walker		, onicendider living	j expense	
						DIOCK WAINCE				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	liaht			Office he	əld	
	expenditure to benefit C/O		iocholaci Hallic	Office 50	agni			Onice H	Jiu	

### SCHEDULE F1

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

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

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

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

	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: 6/61 Rpt: 47/102	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	08/26/2024	Barrios, Albert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,700.00	208 W. Garden St.
		Uvalde, TX 78801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/29/2024	Barrios, Albert
	Amount (\$)	
	\$2,700.00	208 W. Garden St.
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expenses.
		Check if Austin, TX, officeholder living expense  Block Walker
		Block Walker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 08/26/2024	Payee name
		Bernal, Liza
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.00	420 S. Getty
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK WAINEI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how to c	omple	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/61 Rpt: 48/102		McLaughlin Jr., Don E.		00087820
4	Date	5	Payee name		•
	08/30/2024		Bernal, Liza		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$50.00		420 S. Getty		
			Uvalde, TX 78801		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Block Walker
					Block Walker
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uaht	t Office held
	expenditure to benefit C/O		5	ug	
_	Date	Т	Payee name		
	09/24/2024		Blue Top Digital Reprographics		
_	Amount (\$)	┢	Payee address; City; State; Zip C	ode	
	\$146.14		101 W. Hillside Rd.	-040	
	¥=		11-A		
			Laredo, TX 78041		
	PURPOSE	(2)		(h)	) Description
	OF	الما	Category (See Categories listed at the top of this schedule)  Event Expense	(6)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Event Expense		Check if Austin, TX, officeholder living expense
					Banners for fundraiser
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ught	t Office held
	experiditure to beliefit C/OI				
	Date		Payee name		
	09/25/2024		Blue Top Digital Reprographics		
	Amount (\$)		Payee address; City; State; Zip C	ode	)
	\$617.03		101 W. Hillside Rd.		
			11-A		
			Laredo, TX 78041		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Banner for fundraiser
					Barrier for fundraiser
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office so	uaht	t Office held
	expenditure to benefit C/O		Sandidator officeriolater frame	agrit	Cinde field
l					

#### SCHEDULE F1

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

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

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

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

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

	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: 8/61 Rpt: 49/102	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/13/2024	Briones, Rachel
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 408 N. 23rd St.  Carrizo Springs, TX 78834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2024	Briones, Rachel
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 408 N. 23rd St.
		Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2024	Briones, Rachel
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 408 N. 23rd St.
		Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	oroun oura'r aymoni	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 9/61 Rpt: 50/102	McLaughlin Jr., Don E.		00087820
4	Date	5 Payee name		
Ļ	07/30/2024	Broken Arrow Wear		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$1,816.50	4404 Merle Hay Rd.		
		Des Moines, IA 50310		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense  T-Shirts
l				Tomics
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		3	
F	Date	Payee name		
	09/12/2024	Cash, Cash		
H	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$5,000.00	PO Box 1707		
		Uvalde, TX 78802		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Block walkers
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	09/24/2024	DKM Enterprises, LLC		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$669.26	PO Box 48		
L		Uvalde, TX 78802		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Reimbursement for email invitations
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/OI	1	_	

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	07/08/2024	De La O, David
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	2003 Durango Ave
		Laredo, TX 78046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>'</del>
	Date	Payee name
	07/12/2024	De La O, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	2003 Durango Ave
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Device name
	07/23/2024	Payee name  De La O, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	2003 Durango Ave
	Ψ1,200.00	2000 Burtango / WC
		Laredo, TX 78046
	PURPOSE	To a second seco
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	·

#### SCHEDULE F1

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

Event Expense Loain Fees Office |
Fees Office |
Food/Beverage Expense Polling |
Gitt/Awards/Memorials Expense |
Printin |
Legal Sayrices |
Salarie |
Salarie

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	08/02/2024	De La O, David
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	2003 Durango Ave
		Laredo, TX 78046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
	Date	Davisa nama
	08/09/2024	Payee name De La O, David
	Amount (\$) \$600.00	Payee address; City; State; Zip Code  2003 Durango Ave
	φου.υυ	2003 Durango Ave
		Loredo TV 70046
		Laredo, TX 78046
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/16/2024	De La O, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	2003 Durango Ave
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 12/61 Rpt:	McLaughlin Jr., Don E. 00087820				
4	Date	5 Payee name				
	08/23/2024	De La O, David				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$600.00	2003 Durango Ave				
		Laredo, TX 78046				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
		Check if Austin, TX, officeholder living expense  Block Walker				
		DIOCK WAIKEI				
_	Complete ONU V if allow	Condidate/Officeholder name				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/30/2024	De La O, David				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$600.00	2003 Durango Ave				
		Laredo, TX 78046				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Block Walker				
		Diook Walker				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	<b>D</b> :					
	Date	Payee name				
	09/05/2024	De La O, David				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$600.00	2003 Durango Ave				
		Laredo, TX 78046				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Block Walker				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete th	is form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 13/61 Rpt:	McLaughlin Jr., Don E.			00087820	
4	Date	5 Payee name		<b>I</b>		
	09/13/2024	De La O, David				
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>			
	\$600.00	2003 Durango Ave				
		•				
		Laredo, TX 78046				
8	PURPOSE	<del></del>	h) Doc	scription		
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Salaries, wages, contract Eason		Check if Austin, TX, o		
			Blo	ck Walker		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/20/2024	De La O, David				
	Amount (\$)	Payee address; City; State; Zip Code	<u>е</u>			
	\$600.00	2003 Durango Ave				
		•				
		Laredo, TX 78046				
_	PURPOSE		h) Doo	scription		
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	_	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, o		
			Blo	ck Walker		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
	experialiture to beriefit C/Oi	1				
	Date	Payee name				
	09/23/2024	DeHoyos Signs				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$173.20	1312 Houston St.				
		Suite 21				
		Laredo, TX 78040				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> Des	scription		
	OF	Event Expense		Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, o		expense
			Sigi	ns for fundrais	er	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
L	S. portantare to borient 0/01	•				

#### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 14/61 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)McLaughlin Jr., Don E.00087820
4 Date 08/02/2024	5 Payee name Delgado, Carlos
6 Amount (\$) \$851.00	7 Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 08/09/2024	Payee name Delgado, Carlos
Amount (\$) \$308.50	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 08/16/2024	Payee name Delgado, Carlos
Amount (\$) \$488.02	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica						
	Credit Card Payment  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 15/61 Rpt:	McLaughlin Jr., Don E. 00087820					
4	Date	5 Payee name					
	08/26/2024	Delgado, Carlos					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$464.10	834 S. Getty					
		Apt. 603					
		Uvalde, TX 78801					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Block Walker					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					
	Date	Payee name					
L	08/29/2024	Delgado, Carlos					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$210.00	834 S. Getty					
		Apt. 603					
		Uvalde, TX 78801					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	LA LIBITORE	Check if Austin, TX, officeholder living expense					
		Block Walker					
	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OH						
_		T _					
	Date	Payee name					
	08/29/2024	Delgado, Carlos					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$400.00	834 S. Getty					
		Apt. 603					
L		Uvalde, TX 78801					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Block Walker					
		BIOGN WAINCE					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - ıl Cor	nmittee	Gift/Awards/Memo Legal Services  The Instruction	·		Wages	s/Contract Labor		Travel Out of OTHER (ente	District r a category not I	isted above)
1	Total pages Schedule F1:	2	FII FR NAME		<u>.</u>				3	Filer ID	(Ethics Co	mmission Filers)
Ĺ	Sch: 16/61 Rpt:	Ĺ	McLaughlin						Ľ	00087820	,	
4	Date	5	Payee name									
	09/09/2024		Delgado, Ca	arlos								
6	` '	7	Payee addres		S	State; Zip Co	ode					
	\$305.00		834 S. Getty	У								
			Apt. 603									
			Uvalde, TX	78801								
8	PURPOSE	(a)	Category (Se	e Categories lister	1 at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE			ages/Contrac				=			omplete Schedule	е Т.
								Check if Austin		, officeholder liv	ing expense	
								Block Walker	ı			
-	Complete ONLY if allowed	Ļ	Pandidate/Off	ceholder = :		Office	lap.			Office	hold	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	enoluer nam	<del></del> _	Office sou	uynt —		_	Office	ilelu	
	Date		Payee name									
	09/08/2024		Delgado, Ca	arlos								
	Amount (\$)	Γ	Payee addres	ss; City;	S	State; Zip Co	ode					
	\$550.00		834 S. Getty	y								
			Apt. 603									
			Uvalde, TX	78801								
Г	PURPOSE	(a)	Category (Se	e Categories lister	1 at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE			ages/Contrac		-,		Check if travel			omplete Schedule	е Т.
	LA LINDITORE							Check if Austin		, officeholder liv	ing expense	
								Block Walker	1			
	Complete ONLY if all a	ب	Candidate (C.C.	nobolds :		O#:	la <sub>F</sub> ,			Off:	hold	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	enolder nam	<del></del> -	Office sou	ugnt			Office	neiù	
	Date		Payee name									
	09/13/2024		Delgado, Ca	arlos			_		_			
	Amount (\$)	Γ	Payee addres	ss; City;	S	State; Zip Co	ode		_			
	\$150.00		834 S. Getty	y								
			Apt. 603									
			Uvalde, TX	78801								
	PURPOSE	(a)	Category (Se	e Categories lister	1 at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE			ages/Contrac		<del>- /</del>		Check if travel			omplete Schedule	е Т.
	LAFEINDITURE							Check if Austin		, officeholder liv	ing expense	
								Block Walker	r			
	Operation ONE V. C. F.	L_	>				<u></u>				la a lal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder nam	9	Office sou	ught			Office	neld	
_	· · · · · =	·					-		_			

#### SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 17/61 Rpt:	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission Filers) 00087820
4	Date 09/19/2024	5 Payee name Delgado, Carlos	
6	Amount (\$) \$260.00	7 Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801	
8	PURPOSE OF EXPENDITURE	Galaries/Wages/Goritiaet Easor	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 07/02/2024	Payee name Docusign	
	Amount (\$) \$127.92	Payee address; City; State; Zip Code  180 N. La Salle St.  Floor 12  Chicago, IL 60601	
	PURPOSE OF EXPENDITURE	Office Overficad/Netital Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense nts on line
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/24/2024	Payee name Eagle Pass News Leader	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 7436	
		Eagle Pass, TX 78853	
	PURPOSE OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense d
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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: 18/61 Rpt:	McLaughlin Jr., Don E. 00087820				
4	Date	5 Payee name				
	08/15/2024	Eduardo's				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$136.04	101 Floral Blvd				
		Suite B				
		Laredo, TX 78043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
		Check if Austin, TX, officeholder living expense  Lunch				
		Lunch				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/O					
_	Date	Payee name				
	09/16/2024	Elite Soccer League				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$600.00	640 Oleander St.				
	Ψ000.00	040 Oleanaer of				
		Laredo, TX 78046				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Candidate/Officeholder/Political Committee				
		Donation				
	0 1: 0:11:4:11					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	· 					
	Date 07/09/2024	Payee name				
	07/08/2024	Escamilla, Marco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$800.00	3312 Guadalupe St.				
		L T. V 70040				
		Laredo, TX 78043				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Block Walker				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

#### 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 (onter a category not listed above)

	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: 19/61 Rpt:	McLaughlin Jr., Don E. 00087820				
4	Date	5 Payee name				
	07/12/2024	Escamilla, Marco				
_						
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$800.00	3312 Guadalupe St.				
L		Laredo, TX 78043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
		Check if Austin, TX, officeholder living expense				
		Block Walker				
_						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
L	experientale to beliefft G/Of					
	Date	Payee name				
	07/23/2024	Escamilla, Marco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,600.00	3312 Guadalupe St.				
		Laredo, TX 78043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Block Walker				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI					
	Date	Payee name				
	08/01/2024	Escamilla, Marco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	3312 Guadalupe St.				
L		Laredo, TX 78043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		Donation for Webb Co. School supplies				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Memorial Legal Services  The Instruction G	•		ages.	/Contract Labor		Travel Out of DOTHER (enter	District a category not listed above)
<u> </u>	Tatalanana C.I. III Ti	l c	Ell ED MAN		aide expidiiis		pic	1	_	E115	(Ethica Campulation Eller)
1	Total pages Schedule F1:	2						l	3		(Ethics Commission Filers)
Ļ	Sch: 20/61 Rpt:	Ļ	McLaughlin	Jr., Don E.						00087820	l 
4	Date	5	Payee name								
	08/02/2024		Escamilla, M	Marco							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$800.00		3312 Guada	alupe St.							
				-							
			Laredo, TX	78043							
_	DUDDOCE	(5)				ı	(h)	Description			
8	PURPOSE OF	(a)		ee Categories listed at		nedule)	(D)	Description	toi	do of Toyon Co	malata Cahadula T
	EXPENDITURE		Salaries/Wa	iges/Contract L	abor			<b>=</b>		officeholder livir	mplete Schedule T.
								Block Walker		SINGERIOREE HVII	ng expense
								2.00K Walker			
_	Complete ONLY if direct	$\perp$	Candidata/O#:	ooholdor nome		Office com	aht			Office	aold
9	Complete ONLY if direct expenditure to benefit C/OI		Januluate/Offi	ceholder name	(	Office sou	ynt			Office h	ieiu
L	· 	_									
	Date		Payee name								
L	08/09/2024		Escamilla, M	Marco							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$800.00		3312 Guada	alupe St.							
			Laredo, TX	78043							
_	PURPOSE	(a)				1	(h)	Description			
	OF	(۳)		ee Categories listed at ages/Contract L		nedule)	()	_	outsi	de of Texas. Co	mplete Schedule T.
	EXPENDITURE		Jaiai ies/ Wa	iges/Contract L	-auui			<b></b>		officeholder livir	
								Bock Walker			
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н				·					
H	Date		Payee name								
	08/16/2024		Escamilla, N	/arco							
	Amount (\$)		Payee addres		State	; Zip Co	de				
	\$800.00		3312 Guada	alupe St.							
			Laredo, TX	78043							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			ages/Contract L		·		Check if travel of	outsi	de of Texas. Co	mplete Schedule T.
	EXPENDITURE			-						officeholder livir	ng expense
								Block Walker			
		L									
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	08/23/2024	Escamilla, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	3312 Guadalupe St.
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK WAIKEI
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/30/2024	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	3312 Guadalupe St.
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK WAIKEI
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	09/05/2024	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	3312 Guadalupe St.
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK WAIKEI
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### 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: 22/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/13/2024	Escamilla, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	3312 Guadalupe St.
		Laredo, TX 78043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	_	
	Date	Payee name
	09/20/2024	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	3312 Guadalupe St.
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Available of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/21/2024	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,175.00	3312 Guadalupe St.
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZADITORZ	Candidate/Officeholder/Political Committee
		Soccer Sponsorship
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 23/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	07/23/2024	Esteban Rangel Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2705 Pecan St.
		Laredo, TX 78046
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	08/13/2024	FSPJM Investments, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1007 San Dario Ave
		Suite 208
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		District Office Rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Power name
	09/12/2024	Payee name FSPJM Investments, LLC
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code  1007 San Dario Ave
	\$1,000.00	Suite 208
		Laredo, TX 78040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### 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 Co	ommittee Legal Services Sala				
1 Total pages Schedule F1: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
Sch: 24/61 Rpt:	McLaughlin Jr., Don E.		00087820		
4 Date 5	Payee name				
09/09/2024	Flores, Abigail				
6 Amount (\$) 7 \$2,700.00	Payee address; City; State; Zip 116 E. Campbell Uvalde, TX 78801	Code			
8 PURPOSE (a	a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Salaries/Wages/Contract Labor	I <del>-</del>	outside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought	Office held		
Date	Payee name				
09/16/2024	Flores, Abigail				
Amount (\$) \$3,200.00	Payee address; City; State; Zip 116 E. Campbell	Code			
	Uvalde, TX 78801	_			
PURPOSE (a OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<del>_</del> _	outside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought	Office held		
Date	Payee name				
07/02/2024	Flores, Benito				
Amount (\$)	Payee address; City; State; Zip	Code			
\$4,900.00	3115 San Dario				
	Laredo, TX 78040				
PURPOSE (a OF EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense	I <u></u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought	Office held		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 25/61 Rpt:	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
l	08/02/2024	Gonzalez, Dianne	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$236.00	113 W. Canales	
l			
l		Uvalde, TX 78801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
l		Check if Austir	, TX, officeholder living expense
l		DIOCK WAIKE	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Cinice Held
⊨	Date	Payee name	
l	08/09/2024	Gonzalez, Dianne	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$50.00	113 W. Canales	
l	Ψ30.00	113 W. Ganales	
l		Uvalde, TX 78801	
┡	DUDDOCE	<u> </u>	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel	outside of Texas. Complete Schedule T.
l	EXPENDITURE	- Calarics/Wages/Contract Eabor	, TX, officeholder living expense
l		Block Walker	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Great		
l	Date	Payee name	
	08/23/2024	Greenwalt, Julie	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$282.00	11 Leona Heights	
l			
L		Uvalde, TX 78801	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Jaianes/Wages/Contract Labor	outside of Texas. Complete Schedule T. , TX, officeholder living expense
l		Block Walker	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

## SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Mer Legal Services  The Instructi			Expens /Wages	se s/Contract Labor		Travel Out of Di OTHER (enter a		<del>)</del> )
1	Total pages Schedule F1:	2	FILER NAM						3	Filer ID	(Ethics Commission	Filers)
-	Sch: 26/61 Rpt:	-		- ı Jr., Don E.					ľ	00087820	(_0.000 00	
4	Date	5	Payee name									
	09/09/2024		Greenwalt,	Julie								
6	Amount (\$)	7	Payee addre	ess; City;	S	tate; Zip C	ode					
	\$272.50		11 Leona F	leights								
			Uvalde, TX	78801								
8	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of thi	is schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/W	ages/Contra	ct Labor						nplete Schedule T.	
								Block Walker		, officeholder livin	g expense	
								Block Walker				
9	Complete ONLY if direct	Ц,	Candidate/Off	iooholdor nor	20	Office co	ught			Office h	old	
9	expenditure to benefit C/OI		Sandidate/On	icenoidei nai		Office so	ugnt			Office fi	eiu	
	Date		Payee name									
	09/11/2024		Greenwalt,	Julie								
	Amount (\$)	Г	Payee addre	ess; City;	S	tate; Zip C	ode					
	\$60.00		11 Leona F	leights								
			Uvalde, TX	78801								
	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of thi	is schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/W	ages/Contra	ct Labor			<b>=</b>			nplete Schedule T.	
								Block Walker		, officeholder livin	g expense	
								DIOCK Walker				
	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder nar		Office so	uaht			Office h	eld	
	expenditure to benefit C/OI		our laidate/on	iceriolaer riai		Omec 30	ugiit			Office II	Ciu	
	Dete											
	Date 09/13/2024		Payee name									
		L	Greenwalt,									
	Amount (\$)		Payee addre		S	tate; Zip C	ode					
	\$307.50		11 Leona F	leignts								
			Uvalde, TX	78801								
	PURPOSE	(a)	•	-	ed at the top of thi	is schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/W	ages/Contra	ct Labor						nplete Schedule T.	
								Block Walker		, officeholder livin	g expense	
								DIOOR Walker				
	Complete ONLY if direct	Ц,	Candidate/Off	iceholder nar		Office so	uaht			Office h	eld.	
	expenditure to benefit C/OI		Januluale/OII	icendidei nai	Ю	Office 50	ugni			Office II	Ciu	

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 27/61 Rpt:	2 FILER NAME McLaughlin Jr., Don E.  3 Filer ID (Ethics Commission Filers) 00087820	
4	Date 09/20/2024	5 Payee name Greenwalt, Julie	_
6	Amount (\$) \$307.50	7 Payee address; City; State; Zip Code 11 Leona Heights  Uvalde, TX 78801	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 09/04/2024	Payee name HEB	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 201 E. Main	
	PURPOSE OF EXPENDITURE	Uvalde, TX 78801  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas Cards for Block Walkers	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 09/09/2024	Payee name HEB	
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 201 E. Main	
		Uvalde, TX 78801	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas Cards for Block Walkers	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/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: 28/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/18/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,800.00	201 E. Main
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas Cards for Block Walkers
		Gus Gurus for Block Walkers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/18/2024	HEB
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	201 E. Main
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas Cards for Block Walkers
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/16/2024	Hammrod News
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2105 Los Pinos Dr.
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Newspaper Ads
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

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

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

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

	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: 29/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/13/2024	Hardman, Ashlee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$180.00	401 N. 11th Ave.
		Crystal City, TX 78839
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Block Walker
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	
	Date	Payee name
	09/20/2024	Hardman, Ashlee
	Amount (\$)	Payee address; City; State; Zip Code
	\$372.00	401 N. 11th Ave.
		Crystal City, TX 78839
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2024	Hobby Lobby
	Amount (\$) \$49.96	Payee address; City; State; Zip Code
	\$49.90	2334 E. Main St.
		Uvalde, TX 78801
	BURDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraiser Decorations
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
l		

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	07/25/2024	Jet Press
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$312.84	245 N. Getty
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Business Cards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	08/27/2024	Jet Press
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.88	245 N. Getty
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		T-Shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/10/2024	La Mesa Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.46	8465 N. State Highway 16
	<b>40</b> 20	o reconstructions in generally 20
		Poteet, TX 78065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis OTHER (enter a	strict category not listed above)
┰	Total pages Schedule F1:	2 EILED NAME	3	Filer ID	(Ethics Commission Filers)
ľ	Sch: 31/61 Rpt:	McLaughlin Jr., Don E.	ľ	00087820	(Ethics Commission Filers)
┝	•				
4	Date	5 Payee name			
	08/13/2024	Lamar Advertising			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$7,449.99	PO Box 1962			
		Larada TV 79044			
L		Laredo, TX 78044			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense		side of Texas. Com	
				K, officeholder living	j expense
		Billboard	1		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			
F	Date	Payee name			
	09/05/2024	Laredo Morning Times			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	5711 McPherson			
	φ500.00				
		Suite 203A			
		Laredo, TX 78041			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on		
	OF EXPENDITURE		f travel outs	side of Texas. Com	plete Schedule T.
	LAPENDITORE			K, officeholder living	j expense
		Newspa	per Ad		
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			
F	Date	Payee name			
	08/15/2024	Liege Waffle & Pancake House			
	Amount (\$)	Payee address; City; State; Zip Code			
	` '				
	\$61.58	815 Salinas Ave			
		Laredo, TX 78040			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on		
	OF EXPENDITURE		f travel outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE		f Austin, TX	K, officeholder living	j expense
		Breakfas	st		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			
H					
1					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 32/61 Rpt:	McLaughlin Jr., Don E. 00087820
4 Date	5 Payee name
07/16/2024	Lilly & Company
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1005 Congress Ave Suite 400
	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/16/2024	Lilly & Company
Amount (\$) \$3,067.06	Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701
PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date 09/17/2024	Payee name Lilly & Company
Amount (\$) \$2,529.75	Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 33/61 Rpt:	McLaughlin Jr., Don E.
_	·	r -
4	Date	5 Payee name
	08/07/2024	Lolitas Bistro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$132.49	6950 McPherson Rd.
	,	
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	onponditare to benefit eye.	
	Date	Payee name
	08/16/2024	Lopez, Rosa
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$350.00	1511 Nicholson St.
		Carrizo Springs, TX 78834
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Block Walker
_	Operation ONLY if allowed	On the total Office helds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	'
	Date	Payee name
	08/30/2024	Lopez, Rosa
$\vdash$		
	Amount (\$)	
	\$150.00	1511 Nicholson St.
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ wages/Contract Labor
		Block Walker
		2.55
_	Commission ONU V if allow it	Condidate Office helder name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		·

### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 34/61 Rpt:	McLaughlin Jr., Don E. 00087820
4 Date	5 Payee name
09/13/2024	Lopez, Rosa
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	1511 Nicholson St.
	Carrizo Springs, TX 78834
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense  Block Walker
	DIOCK WAIKEI
O Complete ONLY !! -!!	Condidate/Officeholder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
· .	
Date	Payee name
09/20/2024	Lopez, Rosa
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	1511 Nicholson St.
	Carrizo Springs, TX 78834
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Block Walker
	2.55K Trains.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Ÿ
Date	Power name
Date 07/12/2024	Payee name
	Lozano, Irma
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	PO Box 305
	Carrizo Springs, TX 78834
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Block Walker
Commission ONU V II allia	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 3 = 5 = 5 = 1	

### SCHEDULE F1

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

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

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

Date   Payee name   Lozano, Irma   Lozano, Irma
4 Date 07/26/2024 5 Payee name Lozano, Irma 6 Amount (\$) 7 Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834  8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sought Office held  Date 08/01/2024 Payee name Lozano, Irma
6 Amount (\$)  7 Payee address; City; State; Zip Code  PO Box 305  Carrizo Springs, TX 78834  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  Office sought  Date O8/01/2024  Payee name Lozano, Irma
7 Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  Office sought  Office held  Date O8/01/2024  Payee name Lozano, Irma
\$300.00 PO Box 305  Carrizo Springs, TX 78834  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  9 Complete ONLY if direct expenditure to benefit C/OH  Date O8/01/2024  Payee name Lozano, Irma
Carrizo Springs, TX 78834  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 08/01/2024  Payee name Lozano, Irma
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  9 Complete ONLY if direct expenditure to benefit C/OH  Date 08/01/2024  Payee name Lozano, Irma
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  9 Complete ONLY if direct expenditure to benefit C/OH  Date 08/01/2024  Payee name Lozano, Irma
Salaries/Wages/Contract Labor  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  Gendidate/Officeholder name  Office sought  Date 08/01/2024  Payee name Lozano, Irma
Salaries/Wages/Contract Labor  Salaries/Wages/Contract Labor  Gheck if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Block Walker  General Date  OB/01/2024  Payee name  Lozano, Irma
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Lozano, Irma
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Lozano, Irma  Candidate/Officeholder name Office sought Office held  Date Date Date Complete ON/O1/2024
Date Payee name 08/01/2024 Lozano, Irma
Date Payee name 08/01/2024 Lozano, Irma
08/01/2024 Lozano, Irma
08/01/2024 Lozano, Irma
Amount (\$) Payee address; City; State; Zip Code
\$150.00 PO Box 305
Carrizo Springs, TX 78834
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense  Block Walker
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
08/09/2024 Lozano, Irma
Amount (\$) Payee address; City; State; Zip Code
randant (4)
\$150.00 PO Box 305
\$150.00 PO Box 305
Carrizo Springs, TX 78834
Carrizo Springs, TX 78834  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Salaries (Magas (Contract Labor)  Check if travel outside of Texas. Complete Schedule T.
Carrizo Springs, TX 78834  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
Carrizo Springs, TX 78834  PURPOSE OF Salaries/Wages/Contract Labor  Carrizo Springs, TX 78834  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
Carrizo Springs, TX 78834  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Carrizo Springs, TX 78834  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
Carrizo Springs, TX 78834  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker
Carrizo Springs, TX 78834  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 36/61 Rpt:	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	•
	08/16/2024	Lozano, Irma	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	PO Box 305	
		Carrizo Springs, TX 78834	
8	PURPOSE		rintion
ľ	OF	· · · · · · · · · · · · · · · · · · ·	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		neck if Austin, TX, officeholder living expense
		Block	k Walker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/OI	'	
	Date	Payee name	
	08/30/2024	Lozano, Irma	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	PO Box 305	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	neck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		neck if Austin, TX, officeholder living expense
		DIOCE	k Walker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
-	Date		
	Date 09/06/2024	Payee name	
		Lozano, Irma	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	PO Box 305	
		Carrizo Springs, TX 78834	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Salaries/ Wages/Contract Labor	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
			k Walker
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		-

#### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political ( Credit Card Payment		Salaries/Wages/Contract Labor w 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: 37/61 Rpt:	McLaughlin Jr., Don E.		00087820
4 Date	5 Payee name		
09/13/2024	Lozano, Irma		
6 Amount (\$) \$300.00	7 Payee address; City; State; PO Box 305  Carrizo Springs, TX 78834	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ice sought	Office held
Date	Payee name		
09/20/2024	Lozano, Irma		
Amount (\$) \$300.00	Payee address; City; State; PO Box 305  Carrizo Springs, TX 78834	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ice sought	Office held
Date 09/26/2024	Payee name Lozano, Irma		
Amount (\$) \$300.00	Payee address; City; State; PO Box 305	Zip Code	
	Carrizo Springs, TX 78834		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ice sought	Office held

### SCHEDULE F1

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

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

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	al Committee Legal Services Salaries/N The Instruction Guide explains how to co		s/Contract Labor OTHER (enter a category not listed above)  ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 38/61 Rpt:	McLaughlin Jr., Don E.		00087820
4	Date	5 Payee name		•
	07/24/2024	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$79.95	405 N. Angier Ave NE		
		Atlanta, GA 30312		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	н		
	Date	Payee name		
	08/24/2024	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$79.95	405 N. Angier Ave NE		
		Atlanta, GA 30312		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Solicitation/Fundraising Expense	` ′	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Email Marketing
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	H		
	Date	Payee name		
	08/16/2024	Martinez, Eva		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$236.50	307 N. Camp		
		·		
		Uvalde, TX 78801		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Salaries/Wages/Contract Labor	` ′	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Caramos, magos, cominact 2000.		Check if Austin, TX, officeholder living expense
				Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	н		

### SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	08/26/2024	Martinez, Eva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.00	307 N. Camp
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		Siook Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/30/2024	Martinez, Eva
H	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	307 N. Camp
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		Block Walker
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/09/2024	Martinez, Eva
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	307 N. Camp
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK WAIKEI
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/13/2024	Martinez, Eva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	307 N. Camp
		Uvalde, TX 78801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK WAIKEI
<u>_</u>	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	Martinez, Eva
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	307 N. Camp
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK Walker
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	09/09/2024	Monica , Garcia
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2703 Pecan St.
		Laredo, TX 78046
	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 Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Poll	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 41/61 Rpt:	McLaughlin Jr., Don E. 00087820
4 Date	5 Payee name
07/30/2024	Motormouth Entertainment
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.0	1230 E. Colorado St.
	Pearsall, TX 78061
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Booth for Festival
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C	
Date	Payee name
09/16/2024	Mundo Publicitario
Amount (\$)	Payee address; City; State; Zip Code
\$1,800.0	
, ,	Guerrero 88240
	Nuevo Laredo Tamp 88000 Mexico
PURPOSE	·
OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Radio Ads
Complete ONLY if direct expenditure to benefit C	· ·
Date	Payee name
07/16/2024	Next Level Signs
Amount (\$)	Payee address; City; State; Zip Code
\$6,630.3	1   1612 W. Oaklawn
	Discourts TV 70004
	Pleasanton, TX 78064
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
	Signs
Complete ONLY if direct	
expenditure to benefit C	'Un

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 42/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/11/2024	Next Level Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,706.25	1612 W. Oaklawn
		Pleasanton, TX 78064
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs
		Signo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/19/2024	Next Level Signs
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,100.05	1612 W. Oaklawn
		Pleasanton, TX 78064
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Signs
		J. J
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/30/2024	Palomino Fest
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	2401 Garner Field Rd.
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Booth for Festival
		Booth for Festival
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	07/12/2024	Perez, Fransisca
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Bo 472
		Carrizo Springs, TX 78834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	07/26/2024	Perez, Fransisca
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Bo 472
		Carrizo Springs, TX 78834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/01/2024	Perez, Fransisca
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Bo 472
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK Walker
_	Complete ONLY if alice at	Candidate/Officeholder name Office acusts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printim Legal Services Salarie

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

	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: 44/61 Rpt:	McLaughlin Jr., Don E. 00087820
_	·	
4	Date	5 Payee name
	08/09/2024	Perez, Fransisca
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	PO Bo 472
		Carrizo Springs, TX 78834
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Block Walker
		DIOCK WAIKEI
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	
	Date	Payee name
	08/16/2024	Perez, Fransisca
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	PO Bo 472
	Φ350.00	PO B0 472
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/30/2024	Perez, Fransisca
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Bo 472
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 45/61 Rpt: McLaughlin Jr., Don E. 00087820 4 Date Payee name 09/06/2024 Perez, Fransisca 6 Amount (\$) Payee address; City; State; Zip Code \$300.00 PO Bo 472 Carrizo Springs, TX 78834 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Block Walker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/13/2024 Perez, Fransisca Amount (\$) Payee address; City; State; Zip Code \$300.00 PO Bo 472 Carrizo Springs, TX 78834 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Block Walker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/20/2024 Perez, Fransisca Amount (\$) Payee address: City; State; Zip Code \$300.00 PO Bo 472 Carrizo Springs, TX 78834 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Block Walker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel in Dis Travel Out o

	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: 46/61 Rpt:	McLaughlin Jr., Don E. 00087820	
4	Date	5 Payee name	_
	09/26/2024	Perez, Fransisca	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$300.00	PO Bo 472	
		Carrizo Springs, TX 78834	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense  Block Walker	
		Block Walker	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	-
	09/26/2024	Perez, Melinda	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$300.00	202 Walker St.	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	-	Check if Austin, TX, officeholder living expense  Block Walker	
		Block Walker	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	-t	
	Date	Payee name	_
	08/13/2024	Perez, Tomasita	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$4,000.00	606 Pena Dr.	
		Rio Bravo, TX 78046	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Field Director	
		Tion Director	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 47/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/03/2024	Perez, Tomasita
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	606 Pena Dr.
		Rio Bravo, TX 78046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Field Director
		Fleid Director
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/17/2024	Pogo Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	PO Box 12346
		Dallas, TX 78225
	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  Rental Space Electric
		Nental Space Liectric
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 09/10/2024	Payee name
		RB Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	105 E. Johnson St.
		Pleasanton, TX 78064
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Print Invites for Atascosa
		I fillt illvites for Ataseosa
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commissi	on Filers)
	Sch: 48/61 Rpt:	McLaughlin Jr., Don E. 00087820	
4	Date	5 Payee name	
	07/12/2024	Ramirez, Irma	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	PO Box 172	
		Carrizo Springs, TX 78834	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Block Walker	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
F	Date	Payee name	
	07/26/2024	Ramirez, Irma	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 172	
		Carrizo Springs, TX 78834	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Block Walker	
		BIOCK WAIKE	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
	08/01/2024	Ramirez, Irma	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$450.00	PO Box 172	
l			
		Carrizo Springs, TX 78834	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Block Walker	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 49/61 Rpt:	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	•
	08/09/2024	Ramirez, Irma	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$450.00	PO Box 172	
		Carrizo Springs, TX 78834	
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description  Check if travel outside of Taylor Complete Schodule T
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			Block Walker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi	'	
	Date	Payee name	
L	08/16/2024	Ramirez, Irma	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	PO Box 172	
		0	
L		Carrizo Springs, TX 78834	
	PURPOSE OF	2 ( ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Block Walker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/30/2024	Ramirez, Irma	
	Amount (\$) \$800.00	Payee address; City; State; Zip Code PO Box 172	
	φου.υυ	FO BOX 172	
		Carrizo Springs, TX 78834	
-	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Block Walker
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onice Held
-			
l			

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	omplete this form.	,
1 Total pages Schedule F1: Sch: 50/61 Rpt:	2 FILER NAME McLaughlin Jr., Don E.	3 Filer ID (Ethics Commission 00087820	n Filers)
4 Date 09/06/2024	5 Payee name Ramirez, Irma		
6 Amount (\$) \$650.00	7 Payee address; City; State; Zip (PO Box 172	ode	
8 PURPOSE OF EXPENDITURE	Carrizo Springs, TX 78834  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held	
Date 09/13/2024	Payee name Ramirez, Irma		
Amount (\$) \$650.00	Payee address; City; State; Zip ( PO Box 172  Carrizo Springs, TX 78834	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held	
Date 09/20/2024	Payee name Ramirez, Irma		
Amount (\$) \$710.00	Payee address; City; State; Zip ( PO Box 172	ode	
	Carrizo Springs, TX 78834	_	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Block Walker	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held	

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	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: 51/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/26/2024	Ramirez, Irma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$650.00	PO Box 172
		Corrigo Caringo TV 70024
		Carrizo Springs, TX 78834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	09/21/2024	Ramirez, Jesus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	5702 St. Joan of Arc Loop
		Laredo, TX 78046
	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.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	08/27/2024	Remington Research Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,512.56	800 W. 47th St.
		Suite 200
		Kansas City, MO 64112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Polling Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MMS Text
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<u> </u>		

### 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	/ - al Coi	mmittee	Gift/Awards/Memori Legal Services  The Instruction	·		ages	/Contract Labor		Travel Out of I OTHER (enter	District a category not listed	above)
1	Total pages Schedule F1:	2	EII ED NIANAF		J. P. W. 110	10 001	-,		5	Filer ID	(Ethics Commi	ecion Eilore\
											•	331011 FIICIS)
	Sch: 52/61 Rpt:	$ldsymbol{ld}}}}}}$	McLaughlin	JI., DUII E.						00087820	)	
4	Date	5	Payee name									
	09/17/2024		Remington	Research Gro	oup							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$2,514.80		800 W. 47th	n St.								
			Suite 200									
			Kansas City	, MO 64112								
8	PURPOSE	(2)				П	(b)	Dogovintin				
°	OF	(a)		ee Categories listed	at the top of this sch	hedule)	(D)	Description  Check if travel	outsi	de of Texas Co	omplete Schedule T.	
	EXPENDITURE		Advertising	⊏xpense				브		officeholder livi	•	
								Text			•	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office	held	
	expenditure to benefit C/OI						-					
H	Date		Payee name									
	09/06/2024		Rosita's Re	staurant								
	Amount (\$)	$\vdash$	Payee addre		State	: Zip Co	de					
	\$97.37		634 N. 1st 9	•	Siale	., <u>-</u> ip C0	uc					
	Ф91.31		004 IV. 15l 3	Ji.								
			0	= =								
			Carrizo Spr	ings, TX 7883	4							
	PURPOSE OF	(a)	Category (Se	ee Categories listed	at the top of this sch	hedule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				<b>=</b>			omplete Schedule T.	
								Lunch	, IX,	officeholder livi	ng expense	
								Luncii				
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	tdr			Office	held	
	expenditure to benefit C/OI		Januluale/OIII	conduct name	`	Cince Sou	giil			Office	iiciu	
_												
	Date		Payee name									
	09/26/2024		Rosita's Re	staurant								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$1,026.00		634 N. 1st S	St.								
			Carrizo Spr	ings, TX 7883	4							
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Event Expe		,			Check if travel			omplete Schedule T.	
	EVLENDIIOKE		·					Check if Austin			ng expense	
								Meal for Fund	dra	iser		
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office	held	
	expenditure to benefit C/OI	_										

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 53/61 Rpt:	2 FILER NAME McLaughlin Jr., Don E.  3 Filer ID (Ethics Commission Filers) 00087820
4	Date 09/03/2024	5 Payee name SWTXC Rodeo Club
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 2401 Garner Field Rd.
		Uvalde, TX 78801
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  College Rodeo Barrel Ad
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/20/2024	Payee name South Texas Heroes, LLC
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 305 S. 15th St.
		Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Toy Rally Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/12/2024	Payee name Suarez, Joe
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 321 W. Nopal
		Uvalde, TX 78801
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Put up Signs
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide exp	lains how to complete this form.	
1 Total pages Schedule F	F1: 2 FILER NAME		3 Filer ID (Ethics Commission Filer
Sch: 54/61 Rpt:	McLaughlin Jr., Don E.		00087820
4 Date	5 Payee name		
09/13/2024	Suarez, Joe		
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	
\$324.0	09 321 W. Nopal		
	Uvalde, TX 78801		
8 PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	า
OF	Salaries/Wages/Contract Labor		ravel outside of Texas. Complete Schedule T.
EXPENDITURE		<b>-</b>	Austin, TX, officeholder living expense
		Put up Si	gns
9 Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
09/16/2024	Suarez, Joe		
Amount (\$)	Payee address; City; S	State; Zip Code	
\$165.0	00 321 W. Nopal		
	Uvalde, TX 78801		
PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	 າ
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if tr	ravel outside of Texas. Complete Schedule T.
		Signs	Austin, TX, officeholder living expense
		Signs	
Complete ONLY if direct	ct Candidate/Officeholder name	Office sought	Office held
expenditure to benefit (		Office 30dg/ft	Office Held
Data			
Date 09/20/2024	Payee name Suarez, Joe		
Amount (\$)		State; Zip Code	
\$452.0	08 321 W. Nopal		
	Uvalde, TX 78801		
PURPOSE OF	(a) Category (See Categories listed at the top of the		
EXPENDITURE	Salaries/Wages/Contract Labor		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Signs	tusini, 17, onicerolaer ilving expense
		3.9	
Complete ONLY if direct	ct Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C		J	<del>-</del>

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 55/61 Rpt:	2 FILER NAME McLaughlin Jr., Don E.  3 Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/25/2024	5 Payee name Suarez, Joe
6 Amount (\$) \$376.15	7 Payee address; City; State; Zip Code 321 W. Nopal Uvalde, TX 78801
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 07/12/2024	Payee name US Postal
Amount (\$) \$16.36	Payee address; City; State; Zip Code  103 S. Getty  Uvalde, TX 78801
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Priority Mail
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 07/23/2024	Payee name US Postal
Amount (\$) \$16.36	Payee address; City; State; Zip Code 103 S. Getty
	Uvalde, TX 78801
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Priority Mail
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### 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: 56/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	08/02/2024	US Postal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.36	103 S. Getty
		Uvalde, TX 78801
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  Priority Mail
		Thomas Main
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Programme
		Payee name
L	08/09/2024	US Postal
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.36	103 S. Getty
		Uvalde, TX 78801
	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
		Priority Mail
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name US Postal
	08/13/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.18	103 S. Getty
		Uvalde, TX 78801
	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  Priority Mail
		Friority Mail
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 57/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	08/13/2024	US Postal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.18	103 S. Getty
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Priority Mail
		1 Honey Mail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	08/16/2024	US Postal
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$16.36	103 S. Getty
	Ψ10.50	100 O. Octiy
		Uvalde, TX 78801
┝	PURPOSE	In-
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Priority Mail
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experioration benefit C/O	
	Date	Payee name
	08/23/2024	US Postal
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.36	103 S. Getty
		Uvalde, TX 78801
Г	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
		Priority Mail
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	isted above)
1	Total pages Schedule F1:	·	ommission Filers)
	Sch: 58/61 Rpt:	McLaughlin Jr., Don E. 00087820	
4	Date	5 Payee name	
	08/30/2024	US Postal	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.36	103 S. Getty	
		Uvalde, TX 78801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	е Т.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Priority Mail	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
	09/03/2024	US Postal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.18	103 S. Getty	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	е Т.
		Check if Austin, TX, officeholder living expense	
		Priority Mail	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	<u> </u>	<u> </u>	
	Date 09/12/2024	Payee name US Postal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.35	103 S. Getty	
		Uvalde, TX 78801	
	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 Schedul	е Т.
		Check if Austin, TX, officeholder living expense  Overnight Mail	
		Sveringht Mail	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/61 Rpt:	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/13/2024	US Postal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.00	103 S. Getty
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Stamps Stamps
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2024	US Postal
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.36	103 S. Getty
		Uvalde, TX 78801
	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  Priority Mail
		Fhority Mail
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 09/11/2024	Payee name Uvalde Country Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,016.81	407 E. Garden St.
		==
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraiser Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) McLaughlin Jr., Don E. Sch: 60/61 Rpt: 00087820 4 Date Payee name 09/17/2024 **Uvalde Postal Express** 6 Amount (\$) Payee address; State; Zip Code City; \$27.50 121 W. Main St. Suite A Uvalde, TX 78801 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense FexEx Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/16/2024 Vantage ROI, LLC Amount (\$) Payee address; City; State; Zip Code \$5,114.90 PO Box 340836 Austin, TX 78734 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Oppo Research Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/17/2024 Vega, Janet Amount (\$) Payee address: City; State; Zip Code \$2,300.00 2501 Cross St. Laredo, TX 78046 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Space Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Gu	ide explains how to co	mplete t	nis form.		
1	Total pages Schedule F1:	2 FILER N	AME			3 Filer	ID	(Ethics Commission Filers)
	Sch: 61/61 Rpt:	McLaug	Jhlin Jr., Don E.			0008	37820	
4	Date	5 Payee na	ame			•		
	08/19/2024	Vista Pr	rint					
6	Amount (\$)	7 Payee ac	ddress; City;	State; Zip Co	ode			
	\$82.24	275 Wyı	man St.					
		Walthan	m , MD 02451					
8	PURPOSE	(a) Category	/ (See Categories listed at th	e top of this schedule)	<b>(b)</b> De	scription		
	OF EXPENDITURE		Expense	,		Check if travel outside of To		
	LAI LINDITORE					Check if Austin, TX, officeh		expense
					Au	vertising Magnet S	oigri	
9	Complete ONLY if direct	Candidata	/Officeholder name	Office cou	l abt		Office he	Id
9	expenditure to benefit C/O		e/Officeholder name	Office sou	igni	(	Jilice ne	ıu
_								
	Date	Payee na						
	09/12/2024	Vista Pr						
	Amount (\$)	Payee ac		State; Zip Co	ode			
	\$178.49	275 Wyı	man St.					
		Walthan	n , MD 02451		_			
$\vdash$				e ton of this schedule)	(b) De	scription		
	PURPOSE		/ (See Categories listed at th	e top of this schedule)			_	
	PURPOSE OF EXPENDITURE		Expense	e top of this schedule)		Check if travel outside of To		
	OF			e top of this serieutie)				
	OF			e top of this scriedale)		Check if travel outside of To Check if Austin, TX, officeh		
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate		Office sou	Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards		expense
	OF EXPENDITURE	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense
	OF EXPENDITURE  Complete ONLY if direct	Printing  Candidate	Expense		Th	Check if travel outside of Tr Check if Austin, TX, officeh ank you cards	older living	expense