

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087820	<b>2</b> Total pages filed: 102		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Don E.	MI MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 10/02/2024	
	NICKNAME	LAST McLaughlin	SUFFIX Jr.		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked	
	PO Box 1707			Receipt #	
	Uvalde, TX 78802			Amount	
				Date Processed	
				Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Steve	MI MI		
	NICKNAME	LAST McNew	SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	
	PO Box 1707			STATE;	
		Uvalde, TX 78802		ZIP CODE	
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
		(830) 278-7157			
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month	Day	Year	Month	
		07/01/2024	THROUGH	09/26/2024	
<b>10</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Other
				<input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known)	
				State Representative District 80	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 102

**13** C / OH NAME      McLaughlin Jr., Don E.      **14** Filer ID      (Ethics Commission Filers)  
00087820

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

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

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

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	432,005.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	162,860.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	210,884.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	65,000.00

**17** AFFIDAVIT

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

Don E. McLaughlin Jr.  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> McLaughlin Jr., Don E.		<b>19 Filer ID</b> (Ethics Commission Filers) 00087820
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 390,749.77
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 41,255.82
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 162,860.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/37 Rpt: 4/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) A&B Leasing, LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78043	<b>7</b> Amount of Contribution (\$)  \$4,400.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amato, Charles <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) SWBC
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apoilinar, Adam <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Uvalde Memorial Hospital
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atascosa County Republican Party PAA Account <hr/> Contributor address; City; State; Zip Code  Poteet, TX 78065	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atchison, Joseph <hr/> Contributor address; City; State; Zip Code  Aubrey, TX 76227	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Logistics Manager		Employer (See Instructions) JC Davis

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/37 Rpt: 5/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Austin, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayala, Heather <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Uvalde Pool & Spa
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baldwin, Penn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrow, James <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Barrow Law Office
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beasley, KC <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) KPG Commercial

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/37 Rpt: 6/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beasley, Kennon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Driftwood, TX 78619	<b>7</b> Amount of Contribution (\$)  \$1,041.02
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Broker		<b>9</b> Employer (See Instructions) KPG Commercial
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beasley, Kennon <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$1,033.06
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) KPG Commercial
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beasley, Shannon <hr/> Contributor address; City; State; Zip Code  Castroville, TX 78009	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Shannon Beasley Realty
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckelhymer, George <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Del Valle Group, Inc.
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/37 Rpt: 7/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bennett, Montgomery <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Ashford, Inc.
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benson, Tom <hr/> Contributor address; City; State; Zip Code  Crystal City, TX 78839	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Ownder		Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanchard, David <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Victorious Christian Harvesters
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boyd, Jr., Marion <hr/> Contributor address; City; State; Zip Code  Carrizo Springs, TX 78834	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Southwest Texas Services
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bracher, Paul <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Frost Bank

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/37 Rpt: 8/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brauchle, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Rancher		<b>9</b> Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brewer, Robert <hr/> Contributor address; City; State; Zip Code  Shelby Township, MI 48315	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Michigan Schools & Government Credit Union
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brewer, Tom <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brobbeck, Neal <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Sonora Bank
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Jama <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/37 Rpt: 9/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butch's Rat Hole & Anchor Services	<b>7</b> Amount of Contribution (\$) \$15,000.00
<b>6</b> Contributor address; City; State; Zip Code  Levelland, TX 79336-3123		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantu, Liza	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Laredo, TX 78045		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kraus Development
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Alma	Amount of Contribution (\$) \$104.10
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carnes, Amy	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Amy's Attic
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carnes, J.	Amount of Contribution (\$) \$520.51
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Agriculture		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/37 Rpt: 10/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casburn, Cindy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sabinal, TX 78881	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cecil Atkisson Insurance Agency <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00397851 ) Centene Corporation PAC <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63105	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheng, Karen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Centene Superior Health Plan
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Derbigny <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/37 Rpt: 11/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Derbigny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Derbigny <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Russell <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77905	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) AEP
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Russell <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77905	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) AEP
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Russell <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77905	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) AEP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/37 Rpt: 12/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conrad, Peter	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801		
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conservative Republicans of Texas PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code  Houston, TX 77234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Croxtton, Faustine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Uvalde, TX 78802		
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) DKM Enterprises
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Curbow, Kelly	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DTH Strategies, LLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/37 Rpt: 13/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davenport, Dean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Catarina, TX 78836	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Rancher		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 08/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David L. Cook Campaign Account <hr/> <b>Contributor address; City; State; Zip Code</b>  Mansfield, TX 76063-1705	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b> 		<b>Employer (See Instructions)</b> 
<b>Date</b> 09/09/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Garza, Luis <hr/> <b>Contributor address; City; State; Zip Code</b>  Laredo, TX 78045	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> DLG Appraisal, Inc.
<b>Date</b> 09/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La O, David <hr/> <b>Contributor address; City; State; Zip Code</b>  Laredo, TX 78043	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Staff		<b>Employer (See Instructions)</b> Webb Co. JJAEP
<b>Date</b> 09/26/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Leon, Ignacio <hr/> <b>Contributor address; City; State; Zip Code</b>  Laredo, TX 78045	<b>Amount of Contribution (\$)</b>  \$200.00
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Laredo McDonalds

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/37 Rpt: 14/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dealon, LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79102	<b>7</b> Amount of Contribution (\$)  \$50,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dishman, CM <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dorazio, Mark <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) State Rep.		Employer (See Instructions) State of Texas
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Downing, Charles <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DuBose, Win <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Chicago Title

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/37 Rpt: 15/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duhring, Victoria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$5.21
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Victoria Communications
<b>Date</b> 09/26/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Earl, David <hr/> <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78256	<b>Amount of Contribution (\$)</b>  \$2,500.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Earl Associates, PC
<b>Date</b> 09/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott, Jan <hr/> <b>Contributor address; City; State; Zip Code</b>  Uvalde, TX 78801	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Rancher		<b>Employer (See Instructions)</b> El Bigote Cattle Co.
<b>Date</b> 09/09/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Espinoza, Mark <hr/> <b>Contributor address; City; State; Zip Code</b>  Uvalde, TX 78801	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Skyway Entertainment
<b>Date</b> 09/26/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Family Empowerment Coalition PAC <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78734	<b>Amount of Contribution (\$)</b>  \$40,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/37 Rpt: 16/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Felts, Jordan <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$2,602.54
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Western Mobile Mix, LLC
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Chad <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Black Rock Management
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fragoso, Eduardo <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) JJAEP		Employer (See Instructions) Webb County
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gager, Stephanie <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallardo, Javier <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) DKM Enterprises



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/37 Rpt: 17/102
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza - Boyd Cattle Co., LLC	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code  Carrizo Springs, TX 78834	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Abraham	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Carrizo Springs, TX 78834	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Southwest Texas Services
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, L. Schaeffer	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78738	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Superior Health Plan
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Erik	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Laredo, TX 78046	
Principal occupation / Job title (See Instructions) Law Enforcement Officer		Employer (See Instructions) Government
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellums, Carl	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Tasador, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/37 Rpt: 18/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hogan, Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutton, Bart <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas Ag Equipment
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IBC State Political Action Committee <hr/> Contributor address; City; State; Zip Code  San Atonio, TX 78205	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joe Hargrove Cattle Hunting <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Will <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jones Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/37 Rpt: 19/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/28/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00236489 ) KOCHPAC - KOCH, INC.	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>6</b> Contributor address; City; State; Zip Code  Wichita, KS 67220		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koontz, Bart	Amount of Contribution (\$) \$104.10
Contributor address; City; State; Zip Code  San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Koontz Corp.
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kothmann, Roy	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laffere, Brandon	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Co-owner		Employer (See Instructions) Laffere Farms
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Joyce	Amount of Contribution (\$) \$260.25
Contributor address; City; State; Zip Code  Appomattox, VA 24522		
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) Centene Corp.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 17/37 Rpt: 20/102
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longoria, Jr., Alcide	7 Amount of Contribution (\$) \$1,041.02
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78230	
8 Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions) Self
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lubbock Area Republican Women PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79493	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lubbock Area Republican Women PAC	Amount of Contribution (\$) \$9,000.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79493	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luther, Shelly	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Sherman, TX 75090	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado, Jerry	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Laredo, TX 78041	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Warren Transport, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/37 Rpt: 21/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marasco, Danielle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) McDonald's Franchise
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marceaux, Robert <hr/> Contributor address; City; State; Zip Code  Abbeville, LA 70510	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquardt, Rhonda <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Estate Sale Liquidator
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarley, Brian <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCord, Joseph <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/37 Rpt: 22/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCord, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCord, Joseph <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Joel <hr/> Contributor address; City; State; Zip Code  Pleasanton, TX 78064	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDonald, Deborah <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Colemen, Horton & Co.
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDonald, Deborah <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Colemen, Horton & Co.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/37 Rpt: 23/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElroy, Van <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McFadin, Archie <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78802	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGlothin, James <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mickley, Cornell <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Webb County
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/37 Rpt: 24/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monford, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78257	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) JTM Consulting
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montemayor, Patricia <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Montemayor Construction
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montemayor, Roger <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Montemayor Construction
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mosing, Greg <hr/> Contributor address; City; State; Zip Code  Broussard, LA 70518	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nanney, Les <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/37 Rpt: 25/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Mary Ellen	<b>7</b> Amount of Contribution (\$)  \$260.25
<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413		
<b>8</b> Principal occupation / Job title (See Instructions) Rancher		<b>9</b> Employer (See Instructions) Self
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newton, Kurt	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Kingsbury, TX 78638		
Principal occupation / Job title (See Instructions) General Contractin		Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niemeyer, Victor John	Amount of Contribution (\$)  \$400.00
Contributor address; City; State; Zip Code  Knippa, TX 78870		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivarez, Lizeth	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Laredo, TX 78045		
Principal occupation / Job title (See Instructions) Education Specialist		Employer (See Instructions) REgion One ESC
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Packer, Josh	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Inspector		Employer (See Instructions) Lone Star Inspections

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/37 Rpt: 26/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Jr., Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$4,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parman, BD <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Fulcrum Properties
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parman, Bryan <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Fulcrum Properties
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pat Curry Campaign <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Lawrence <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Glass Doctor

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/37 Rpt: 27/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, GG Lupita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pete Flores Campaign <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips 66 PAC <hr/> Contributor address; City; State; Zip Code  Baton Rouge, LA 70879	Amount of Contribution (\$)  \$1,000.66
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ponish, Howard (Dr.) <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price Cattle Co. <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/37 Rpt: 28/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raines, James	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Rancher
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rambie, Stephen	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Events Unlimited
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reading, Jared	Amount of Contribution (\$)  \$2,602.54
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Uvalde Memorial Hospital
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Republican Women of Kerr County	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Kerrville, TX 78029		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Ruben	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Laredo, TX 78045		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Quarter Mile, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/37 Rpt: 29/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Amy	<b>7</b> Amount of Contribution (\$) \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801		
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Heather	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) Self
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ron Lewis & Associates	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roswell, Maria	Amount of Contribution (\$) \$208.20
Contributor address; City; State; Zip Code  Uvalde, TX 78802		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Domestic Engineer
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rubio, Susan	Amount of Contribution (\$) \$5,205.08
Contributor address; City; State; Zip Code  Bulverde, TX 78163		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/37 Rpt: 30/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruthledge, Jack <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78802	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, H. Jamie <hr/> Contributor address; City; State; Zip Code  Carrizo Springs, TX 78834	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) NAPA Auto Parts
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanders, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Superior Health Plan
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sasser, Trebes (Mr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Ridgemont Properties
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scharbauer, Douglas <hr/> Contributor address; City; State; Zip Code  Midland, TX 79702-2888	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Douglas Scharbauer Management

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/37 Rpt: 31/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schrutka, Misti <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) DKM Enterprises
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schrutka, Misti <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) DKM Enterprises
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwarz, Delia <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Blue Chip Catering
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Tina <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Black Rock Management
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shahan Law Firm <hr/> Contributor address; City; State; Zip Code  Brackettville, TX 78832	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/37 Rpt: 32/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smallwood, Sammye <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cody <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) First State Bank of Uvalde
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sosa, Virginia <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Uvalde Eye Center
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southwest Texas Serivces, LLC <hr/> Contributor address; City; State; Zip Code  Carrizo Springs, TX 78834	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stallings, Kyle <hr/> Contributor address; City; State; Zip Code  Midland, TX 79702	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Desert Royalty Co.



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/37 Rpt: 33/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stary, Chad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) First State Bank of Uvalde
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sutherland, Cinco <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sutherland, Macy <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Texas Ag Equipment
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TBA Bank PAC - State <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarski, Paul <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Tarski Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/37 Rpt: 34/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tawil, Jose	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78043		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) MT Carriers, LLC
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tawil, Rafael (Lady)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Laredo, TX 78045		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) TUM Logistics
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans United for a Conservative Majority	Amount of Contribution (\$) \$25,000.00
Contributor address; City; State; Zip Code  Victoria, TX 77901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans United for a Conservative Majority	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Victoria, TX 77901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans United for a Conservative Majority	Amount of Contribution (\$) \$25,000.00
Contributor address; City; State; Zip Code  Victoria, TX 77901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/37 Rpt: 35/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans United for a Conservative Majority	<b>7</b> Amount of Contribution (\$) \$25,000.00
<b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77901		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC	Amount of Contribution (\$) \$57,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Alliance for Life PAC	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78754		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Farm Bureau AgFund	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Waco, TX 76702-2689		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/37 Rpt: 36/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Food & Fuel Assoc. PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Oil & Gas Assoc. Good Government Committee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Wildlife Association PAC <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Kathy <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78802	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tidwell, Connie <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/37 Rpt: 37/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tidwell, Walter	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801		
<b>8</b> Principal occupation / Job title (See Instructions) Procurement		<b>9</b> Employer (See Instructions) DKM Enterprise
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tom Oliverson Campaign	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Houston , TX 77046		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tooms, Liza	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Baton Rouge, LA 70817		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Triesch, Johnny	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78220		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Longhorn Recycling
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez Family Enterprises	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  San Antonio, TX 78253		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/37 Rpt: 38/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasut, Cody <hr/> <b>6</b> Contributor address; City; State; Zip Code  Angleton, TX 77516	<b>7</b> Amount of Contribution (\$)  \$260.25
<b>8</b> Principal occupation / Job title (See Instructions) State Rep.		<b>9</b> Employer (See Instructions) State of Texas
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasut, Cody <hr/> Contributor address; City; State; Zip Code  Angleton, TX 77516	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) State Rep.		Employer (See Instructions) State of Texas
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vaughan, Sharon <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voltz, Vilma <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagnon, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Republic State Mortgage

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/37 Rpt: 39/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagnon, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Republic State Mortgage
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagnon, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Republic State Mortgage
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitwell, Lott <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) TXN Bank
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Richard <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) RKW Pipe

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/37 Rpt: 40/102
<b>2</b> FILER NAME McLaughlin Jr., Don E.		<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willis, Tina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Watermelons Unlimited
<b>Date</b> 09/25/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolfe, Jared <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78733	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b> Insurance		<b>Employer (See Instructions)</b> CNC



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 41/102	
2 FILER NAME McLaughlin Jr., Don E.		3 Filer ID (Ethics Commission Filers) 00087820	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$11,400.00	9 In-kind contribution description Polling
	7 Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$4,772.72	In-kind contribution description Data
	Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$25,083.10	In-kind contribution description Digital Advertising
	Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/61 Rpt: 42/102	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/11/2024	<b>5</b> Payee name 3D Impressions	
<b>6</b> Amount (\$) \$518.30	<b>7</b> Payee address; City; State; Zip Code PO Box 2008  Uvalde, TX 78802	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TShirts
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/23/2024	Candidate/Officeholder name Alejandro, Gloria	
Amount (\$) \$282.00	Office sought Office held	
Date 08/23/2024	Payee name Alejandro, Gloria	
Amount (\$) \$282.00	Payee address; City; State; Zip Code 601 Sunrise Ave  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2024	Candidate/Officeholder name Alejandro, Gloria	
Amount (\$) \$272.50	Office sought Office held	
Date 09/09/2024	Payee name Alejandro, Gloria	
Amount (\$) \$272.50	Payee address; City; State; Zip Code 601 Sunrise Ave  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/61 Rpt: 44/102	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 08/14/2024	<b>5</b> Payee name Alphagraphics Northwest
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<b>6</b> Amount (\$) \$1,085.79	<b>7</b> Payee address; City; State; Zip Code 9971 IH 10 West  San Antonio, TX 78230
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Alphagraphics Northwest
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Amount (\$) \$2,117.74	Payee address; City; State; Zip Code 9971 IH 10 West  San Antonio, TX 78230
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Alphagraphics Northwest
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Amount (\$) \$2,117.74	Payee address; City; State; Zip Code 9971 IH 10 West  San Antonio, TX 78230
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/61 Rpt: 45/102	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/18/2024	<b>5</b> Payee name Alphagraphics Northwest	
<b>6</b> Amount (\$) \$4,804.98	<b>7</b> Payee address; City; State; Zip Code 9971 IH 10 West  San Antonio, TX 78230	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Axiom	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Axiom	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/61 Rpt: 46/102	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/16/2024	<b>5</b> Payee name Axiom	
<b>6</b> Amount (\$) \$4,000.00	<b>7</b> Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Axiom	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Barrios, Albert	
Amount (\$) \$2,700.00	Payee address; City; State; Zip Code 208 W. Garden St.  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/61 Rpt: 47/102	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Barrios, Albert	
<b>6</b> Amount (\$) \$2,700.00	<b>7</b> Payee address; City; State; Zip Code 208 W. Garden St.  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Barrios, Albert	
Amount (\$) \$2,700.00	Payee address; City; State; Zip Code 208 W. Garden St.  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Bernal, Liza	
Amount (\$) \$191.00	Payee address; City; State; Zip Code 420 S. Getty  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/61 Rpt: 48/102	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/30/2024	<b>5</b> Payee name Bernal, Liza	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 420 S. Getty  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Blue Top Digital Reprographics	
Amount (\$) \$146.14	Payee address; City; State; Zip Code 101 W. Hillside Rd. 11-A Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name Blue Top Digital Reprographics	
Amount (\$) \$617.03	Payee address; City; State; Zip Code 101 W. Hillside Rd. 11-A Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/61 Rpt: 49/102	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 09/13/2024	<b>5</b> Payee name Briones, Rachel
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 408 N. 23rd St.  Carrizo Springs, TX 78834
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name Briones, Rachel
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 408 N. 23rd St.  Carrizo Springs, TX 78834
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2024	Payee name Briones, Rachel
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 408 N. 23rd St.  Carrizo Springs, TX 78834
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/61 Rpt: 50/102	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/30/2024	<b>5</b> Payee name Broken Arrow Wear	
<b>6</b> Amount (\$) \$1,816.50	<b>7</b> Payee address; City; State; Zip Code 4404 Merle Hay Rd.  Des Moines, IA 50310	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name Cash, Cash	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 1707  Uvalde, TX 78802	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walkers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name DKM Enterprises, LLC	
Amount (\$) \$669.26	Payee address; City; State; Zip Code PO Box 48  Uvalde, TX 78802	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for email invitations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/08/2024	<b>5</b> Payee name De La O, David	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/12/2024	Payee name De La O, David	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/23/2024	Payee name De La O, David	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/02/2024	<b>5</b> Payee name De La O, David	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/09/2024	Payee name De La O, David	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/16/2024	Payee name De La O, David	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/23/2024	<b>5</b> Payee name De La O, David	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name De La O, David	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name De La O, David	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/13/2024	<b>5</b> Payee name De La O, David	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/20/2024	Payee name De La O, David	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2003 Durango Ave  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/23/2024	Payee name DeHoyos Signs	
Amount (\$) \$173.20	Payee address; City; State; Zip Code 1312 Houston St. Suite 21 Laredo, TX 78040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs for fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 08/02/2024	<b>5</b> Payee name Delgado, Carlos
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<b>6</b> Amount (\$) \$851.00	<b>7</b> Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/09/2024	Payee name Delgado, Carlos
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Amount (\$) \$308.50	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name Delgado, Carlos
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Amount (\$) \$488.02	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Delgado, Carlos	
<b>6</b> Amount (\$) \$464.10	<b>7</b> Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Delgado, Carlos	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Delgado, Carlos	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 09/09/2024	<b>5</b> Payee name Delgado, Carlos
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<b>6</b> Amount (\$) \$305.00	<b>7</b> Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/08/2024	Payee name Delgado, Carlos
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Amount (\$) \$550.00	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/13/2024	Payee name Delgado, Carlos
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/19/2024	<b>5</b> Payee name Delgado, Carlos	
<b>6</b> Amount (\$) \$260.00	<b>7</b> Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign documents on line
Complete ONLY if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/15/2024	<b>5</b> Payee name Eduardo's	
<b>6</b> Amount (\$) \$136.04	<b>7</b> Payee address; City; State; Zip Code 101 Floral Blvd Suite B Laredo, TX 78043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Elite Soccer League	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 640 Oleander St.  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name Escamilla, Marco	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/12/2024	<b>5</b> Payee name Escamilla, Marco	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2024	Payee name Escamilla, Marco	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Escamilla, Marco	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Webb Co. School supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/02/2024	<b>5</b> Payee name Escamilla, Marco	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Escamilla, Marco	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bock Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Escamilla, Marco	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/23/2024	<b>5</b> Payee name Escamilla, Marco	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Escamilla, Marco	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Escamilla, Marco	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/13/2024	<b>5</b> Payee name Escamilla, Marco	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Escamilla, Marco	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2024	Payee name Escamilla, Marco	
Amount (\$) \$1,175.00	Payee address; City; State; Zip Code 3312 Guadalupe St.  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Soccer Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/23/2024	<b>5</b> Payee name Esteban Rangel Campaign	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 2705 Pecan St.  Laredo, TX 78046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2024	Payee name FSPJM Investments, LLC	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1007 San Dario Ave Suite 208 Laredo, TX 78040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name FSPJM Investments, LLC	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1007 San Dario Ave Suite 208 Laredo, TX 78040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/09/2024	<b>5</b> Payee name Flores, Abigail	
<b>6</b> Amount (\$) \$2,700.00	<b>7</b> Payee address; City; State; Zip Code 116 E. Campbell  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/16/2024	Payee name Flores, Abigail	
Amount (\$) \$3,200.00	Payee address; City; State; Zip Code 116 E. Campbell  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/02/2024	Payee name Flores, Benito	
Amount (\$) \$4,900.00	Payee address; City; State; Zip Code 3115 San Dario  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/02/2024	<b>5</b> Payee name Gonzalez, Dianne	
<b>6</b> Amount (\$) \$236.00	<b>7</b> Payee address; City; State; Zip Code 113 W. Canales  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Gonzalez, Dianne	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 113 W. Canales  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Greenwalt, Julie	
Amount (\$) \$282.00	Payee address; City; State; Zip Code 11 Leona Heights  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/09/2024	<b>5</b> Payee name Greenwalt, Julie	
<b>6</b> Amount (\$) \$272.50	<b>7</b> Payee address; City; State; Zip Code 11 Leona Heights  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/11/2024	Payee name Greenwalt, Julie	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 11 Leona Heights  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/13/2024	Payee name Greenwalt, Julie	
Amount (\$) \$307.50	Payee address; City; State; Zip Code 11 Leona Heights  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 09/18/2024	<b>5</b> Payee name HEB
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<b>6</b> Amount (\$) \$1,800.00	<b>7</b> Payee address; City; State; Zip Code 201 E. Main  Uvalde, TX 78801
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas Cards for Block Walkers
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/18/2024	Payee name HEB
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Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 201 E. Main  Uvalde, TX 78801
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas Cards for Block Walkers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Hammrod News
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 2105 Los Pinos Dr.  Laredo, TX 78046
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/13/2024	<b>5</b> Payee name Hardman, Ashlee	
<b>6</b> Amount (\$) \$180.00	<b>7</b> Payee address; City; State; Zip Code 401 N. 11th Ave.  Crystal City, TX 78839	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Hardman, Ashlee	
Amount (\$) \$372.00	Payee address; City; State; Zip Code 401 N. 11th Ave.  Crystal City, TX 78839	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Hobby Lobby	
Amount (\$) \$49.96	Payee address; City; State; Zip Code 2334 E. Main St.  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Decorations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/13/2024	<b>5</b> Payee name Lamar Advertising	
<b>6</b> Amount (\$) \$7,449.99	<b>7</b> Payee address; City; State; Zip Code PO Box 1962  Laredo, TX 78044	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboard
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Laredo Morning Times	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5711 McPherson Suite 203A Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Liege Waffle & Pancake House	
Amount (\$) \$61.58	Payee address; City; State; Zip Code 815 Salinas Ave  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/16/2024	<b>5</b> Payee name Lilly & Company	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Lilly & Company	
Amount (\$) \$3,067.06	Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/07/2024	<b>5</b> Payee name Lolitas Bistro	
<b>6</b> Amount (\$) \$132.49	<b>7</b> Payee address; City; State; Zip Code 6950 McPherson Rd.  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Lopez, Rosa	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 1511 Nicholson St.  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Lopez, Rosa	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1511 Nicholson St.  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/13/2024	<b>5</b> Payee name Lopez, Rosa	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 1511 Nicholson St.  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Lopez, Rosa	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1511 Nicholson St.  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Lozano, Irma	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/26/2024	<b>5</b> Payee name Lozano, Irma	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Lozano, Irma	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Lozano, Irma	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/16/2024	<b>5</b> Payee name Lozano, Irma	
<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Lozano, Irma	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Lozano, Irma	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/13/2024	<b>5</b> Payee name Lozano, Irma	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Lozano, Irma	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Lozano, Irma	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 305  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 07/24/2024	<b>5</b> Payee name Mailchimp
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<b>6</b> Amount (\$) \$79.95	<b>7</b> Payee address; City; State; Zip Code 405 N. Angier Ave NE  Atlanta, GA 30312
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2024	Payee name Mailchimp
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Amount (\$) \$79.95	Payee address; City; State; Zip Code 405 N. Angier Ave NE  Atlanta, GA 30312
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Marketing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name Martinez, Eva
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Amount (\$) \$236.50	Payee address; City; State; Zip Code 307 N. Camp  Uvalde, TX 78801
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Martinez, Eva	
<b>6</b> Amount (\$) \$155.00	<b>7</b> Payee address; City; State; Zip Code 307 N. Camp  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/30/2024	Payee name Martinez, Eva	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 307 N. Camp  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/09/2024	Payee name Martinez, Eva	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 307 N. Camp  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/13/2024	<b>5</b> Payee name Martinez, Eva	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 307 N. Camp  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Martinez, Eva	
Amount (\$) \$165.00	Payee address; City; State; Zip Code 307 N. Camp  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Monica , Garcia	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2703 Pecan St.  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/30/2024	<b>5</b> Payee name Motormouth Entertainment	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 1230 E. Colorado St.  Pearsall, TX 78061	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Booth for Festival
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Mundo Publicitario	
Amount (\$) \$1,800.00	Payee address; City; State; Zip Code Calle Peru 2505 Guerrero 88240 Nuevo Laredo Tamp 88000 Mexico	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Next Level Signs	
Amount (\$) \$6,630.31	Payee address; City; State; Zip Code 1612 W. Oaklawn  Pleasanton, TX 78064	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/11/2024	<b>5</b> Payee name Next Level Signs	
<b>6</b> Amount (\$) \$2,706.25	<b>7</b> Payee address; City; State; Zip Code 1612 W. Oaklawn  Pleasanton, TX 78064	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Next Level Signs	
Amount (\$) \$2,100.05	Payee address; City; State; Zip Code 1612 W. Oaklawn  Pleasanton, TX 78064	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2024	Payee name Palomino Fest	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 2401 Garner Field Rd.  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Booth for Festival
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/12/2024	<b>5</b> Payee name Perez, Fransisca	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/26/2024	Payee name Perez, Fransisca	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/01/2024	Payee name Perez, Fransisca	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/09/2024	<b>5</b> Payee name Perez, Fransisca	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Perez, Fransisca	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Perez, Fransisca	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/06/2024	<b>5</b> Payee name Perez, Fransisca	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name Perez, Fransisca	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Perez, Fransisca	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 46/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Perez, Fransisca	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code PO Bo 472  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Perez, Melinda	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 202 Walker St.  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2024	Payee name Perez, Tomasita	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 606 Pena Dr.  Rio Bravo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Director
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 47/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/03/2024	<b>5</b> Payee name Perez, Tomasita	
<b>6</b> Amount (\$) \$4,000.00	<b>7</b> Payee address; City; State; Zip Code 606 Pena Dr.  Rio Bravo, TX 78046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Director
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Pogo Energy	
Amount (\$) \$60.00	Payee address; City; State; Zip Code PO Box 12346  Dallas, TX 78225	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Space Electric
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name RB Printing	
Amount (\$) \$162.38	Payee address; City; State; Zip Code 105 E. Johnson St.  Pleasanton, TX 78064	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Invites for Atascosa
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 48/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 07/12/2024	<b>5</b> Payee name Ramirez, Irma	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Ramirez, Irma	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Ramirez, Irma	
Amount (\$) \$450.00	Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 49/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/09/2024	<b>5</b> Payee name Ramirez, Irma	
<b>6</b> Amount (\$) \$450.00	<b>7</b> Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Ramirez, Irma	
Amount (\$) \$800.00	Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Ramirez, Irma	
Amount (\$) \$800.00	Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 50/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/06/2024	<b>5</b> Payee name Ramirez, Irma	
<b>6</b> Amount (\$) \$650.00	<b>7</b> Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name Ramirez, Irma	
Amount (\$) \$650.00	Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Ramirez, Irma	
Amount (\$) \$710.00	Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 51/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Ramirez, Irma	
<b>6</b> Amount (\$) \$650.00	<b>7</b> Payee address; City; State; Zip Code PO Box 172  Carrizo Springs, TX 78834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2024	Payee name Ramirez, Jesus	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 5702 St. Joan of Arc Loop  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Remington Research Group	
Amount (\$) \$1,512.56	Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS Text
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 52/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 09/17/2024	<b>5</b> Payee name Remington Research Group
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<b>6</b> Amount (\$) \$2,514.80	<b>7</b> Payee address; City; State; Zip Code 800 W. 47th St. Suite 200 Kansas City, MO 64112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/06/2024	Payee name Rosita's Restaurant
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Amount (\$) \$97.37	Payee address; City; State; Zip Code 634 N. 1st St.  Carrizo Springs, TX 78834
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2024	Payee name Rosita's Restaurant
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Amount (\$) \$1,026.00	Payee address; City; State; Zip Code 634 N. 1st St.  Carrizo Springs, TX 78834
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 53/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/03/2024	<b>5</b> Payee name SWTXC Rodeo Club	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 2401 Garner Field Rd.  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense College Rodeo Barrel Ad
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toy Rally Donation
Complete ONLY if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Put up Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 54/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/13/2024	<b>5</b> Payee name Suarez, Joe	
<b>6</b> Amount (\$) \$324.09	<b>7</b> Payee address; City; State; Zip Code 321 W. Nopal  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Put up Signs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Suarez, Joe	
Amount (\$) \$165.00	Payee address; City; State; Zip Code 321 W. Nopal  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Suarez, Joe	
Amount (\$) \$452.08	Payee address; City; State; Zip Code 321 W. Nopal  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 55/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 09/25/2024	<b>5</b> Payee name Suarez, Joe	
<b>6</b> Amount (\$) \$376.15	<b>7</b> Payee address; City; State; Zip Code 321 W. Nopal  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 56/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/02/2024	<b>5</b> Payee name US Postal	
<b>6</b> Amount (\$) \$16.36	<b>7</b> Payee address; City; State; Zip Code 103 S. Getty  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2024	Payee name US Postal	
Amount (\$) \$8.18	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 57/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/13/2024	<b>5</b> Payee name US Postal	
<b>6</b> Amount (\$) \$8.18	<b>7</b> Payee address; City; State; Zip Code 103 S. Getty  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name US Postal	
Amount (\$) \$16.36	Payee address; City; State; Zip Code 103 S. Getty  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name US Postal	
Amount (\$) \$16.36	Payee address; City; State; Zip Code 103 S. Getty  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 58/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
<b>4</b> Date 08/30/2024	<b>5</b> Payee name US Postal	
<b>6</b> Amount (\$) \$16.36	<b>7</b> Payee address; City; State; Zip Code 103 S. Getty  Uvalde, TX 78801	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name US Postal	
Amount (\$) \$8.18	Payee address; City; State; Zip Code 103 S. Getty  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Priority Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name US Postal	
Amount (\$) \$26.35	Payee address; City; State; Zip Code 103 S. Getty  Uvalde, TX 78801	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overnight Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 60/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 09/17/2024	<b>5</b> Payee name Uvalde Postal Express
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<b>6</b> Amount (\$) \$27.50	<b>7</b> Payee address; City; State; Zip Code 121 W. Main St. Suite A Uvalde, TX 78801
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FexEx
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name Vantage ROI, LLC
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Amount (\$) \$5,114.90	Payee address; City; State; Zip Code PO Box 340836  Austin, TX 78734
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Oppo Research
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/17/2024	Payee name Vega, Janet
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Amount (\$) \$2,300.00	Payee address; City; State; Zip Code 2501 Cross St.  Laredo, TX 78046
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Space
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |                                                                                  |                               |                                |                                            |
|----------------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                                                              | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                                                               | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                                                               | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment                                                              | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 61/61 Rpt:	<b>2</b> FILER NAME McLaughlin Jr., Don E.	<b>3</b> Filer ID (Ethics Commission Filers) 00087820
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<b>4</b> Date 08/19/2024	<b>5</b> Payee name Vista Print
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<b>6</b> Amount (\$) \$82.24	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St.  Waltham , MD 02451
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Magnet Sign
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2024	Payee name Vista Print
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Amount (\$) \$178.49	Payee address; City; State; Zip Code 275 Wyman St.  Waltham , MD 02451
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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