CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to c	complete this form.	1 Filer ID (Ethics Commi 00087820		2 Total pages	filed: 70
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Don E.		MI	Date Received	CALLY FILED
	NICKNAME	LAST Mal available		SUFFIX	10/28/2024	CALLY FILED
		McLaughlin		Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box 1707	APT / SUITE #; C	EITY;	ZIP CODE	Date Hand-delivered	d or Date Postmarked Amount
Change of Address	Uvalde, TX 78802				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Steve		MI		
	NICKNAME	LAST McNew		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N PO Box 1707	O PO BOX PLEASE)); AP	T / SUITE #; CITY	⁄; S	TATE; ZIP CODE
(Residence or Business)	Uvalde, TX 78802					
7 CAMPAIGN TREASURER PHONE	AREA CODE (830) 278-7157	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15 July 15	30th day befor		Runoff Exceeded modified	appointment (c	campaign treasurer officeholder only) Attach C/OH-FR)
		A our day select		reporting limit	- I mai report (maon Gronning
9 PERIOD COVERED	Month Day \	rear -	THROUGH	Month Day 10/26/20		
10 ELECTION	ELECTION DA' Month Day \ 11/05/2024	/ear	Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative	Place Uvalde Dist	rict 80 Uvalde	12 OFFICE SOUGH State Represer	IT (if known) ntative District 80)
	•	GO	TO PAGE 2	•		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 70

13 C / OH NAME	14 Filer ID (00087820	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without to officeholders are required to report this information.	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Dr.		
		Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
	5)	\$ 546,417.88		
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 370,917.98
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 41,632.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 65,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Don I	E. McLaughlin Jr.	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cor administering	Printed name of officer administering	Title of officer	administoring eath
Signature of office	cer administering	Printed name of officer administering	i itie of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER	SHEET PG 3 3 of 70
	ER NAN		19 Filer ID	(Ethics C	Commission Filers)
		in Jr., Don E. E SUBTOTALS	00087820	1	
l		SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	166,046.70
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	380,371.18
3.		\$			
4.		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	370,917.98
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 4/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	n Filers)
4	Date 10/21/2024	 Full name of contributor out-of-st Ag Equipment Contributor address; City; State; Zip Contributor)	7	Amount of Contribution (\$)	\$500.00
_		Uvalde, TX 78801			L		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Alders, Daniel)		Amount of Contribution (\$)	\$260.25
		Tyler, TX 75711					
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Drake Real Estate	5)		
	Date 10/07/2024	Full name of contributor out-of-st Arnim, Thomas Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$780.76
		San Antonio, TX 78209					
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Petty Group, LLC	s)		
	Date 10/01/2024	Beasley, Kennon)		Amount of Contribution (\$)	\$530.92
	Principal occu Real Estate	pation / Job title (See Instructions) Broker		Employer (See Instructions KPG Commercial	5)		
	Date 10/07/2024	Beasley, Kennon)		Amount of Contribution (\$)	\$780.76
	Principal occu Real Estate	pation / Job title (See Instructions) Broker		Employer (See Instructions KPG Commercial	5)		
			L_				

	MONET	ARY POLITICAL CONTR	S	SCHEDULE A1			
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/28/2024	Brunner, Cindy	ate PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_	Duinning Langu	Lardeo, TX 78041	lo lo	Franks or (Cook lastructions	<u></u>		
8	Self	pation / Job title (See Instructions)	9	Employer (See Instructions Self			
	Date 09/30/2024	Cain, Briscoe)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Attorney			Self			
	Date 10/14/2024					Amount of Contribution (\$)	\$250.00
		Deer Park, TX 77536					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date Full name of contributor out-of-state PAC (ID#: 09/29/2024 Casburn, Cindy)		Amount of Contribution (\$)	\$50.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/06/2024	Cate, Randall	ate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONT	NS	SCHEDULE			
	The Instru	ction Guide explains how to cor	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 6/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 10/14/2024	 Full name of contributor	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 10/08/2024		of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:) David Cook Cmpaign Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,105.24
	Principal occu	Mansfield, TX 76063 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/07/2024	Duncan, Robert Contributor address; City; State; Zip (of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Pleasanton, TX 78064 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/21/2024	Full name of contributor out-on Dunn, Marilyn Contributor address; City; State; Zip of Dilley, TX 76702	of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL C	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/27/2024	5 Full name of contributorEarl, David6 Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	Deire sin al access	San Antonio, TX 78256	- la	Frankrije (Gaalinatii an	Ĺ		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Earl Associates, PC	5)		
	Date 10/20/2024	Full name of contributor Elliott, Jan Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occur	Uvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	Rancher	pation 7 300 title (See Histractions)		El Bigote Cattle Co.	')		
	Date 10/03/2024	Full name of contributor Eustace, Joseph (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Pleasanton, TX 78064	1				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/30/2024	Full name of contributor Galo, Anna Contributor address; City; Sta Laredo, TX 78041	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Investements	pation / Job title (See Instructions) S		Employer (See Instructions Self)		
	Date 09/27/2024	Full name of contributor Graves, Browder Contributor address; City; Sta Uvalde, TX 78801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$260.25
	Principal occu Taxidermy	pation / Job title (See Instructions)		Employer (See Instructions Graves Taxidermy	i)		
			<u>, </u>				

	MONET	ARY POLITICAL CON	S		SCHEDUL	E A1	
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 8/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 10/02/2024	Grosebeck Solis, Molly	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Lytle, TX 78052 pation / Job title (See Instructions)	I a	Employer (See Instructions			
	General Cou			Bexar County CSCD	·)		
	Date 09/30/2024	Full name of contributor of Grusendorf, Kent Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Self	pation 7 300 title (See Instructions)		Self	')		
	Date 09/30/2024	Full name of contributor	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$50.00
		Laredo, TX 78041					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/27/2024	Full name of contributor)		Amount of Contribution (\$)	\$52.05
	Principal occu General Con	pation / Job title (See Instructions) tracting		Employer (See Instructions Dudgle Construction, LL			
	Date 10/08/2024	Full name of contributor of Harleg, Connie Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Carlisle Etcetera Stylist	5)		
			'				

	MONET	ARY POLITICAL CONTR	IS		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 9/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/30/2024	 Full name of contributor out-of-star Hayes, Richard Contributor address; City; State; Zip Coc)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Denton, TX 76201 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0	Attorney	pation / Job title (See instructions)		Hayes, Berry, White Va		ınt, LLP	
	Date 10/08/2024	Hindes, Claire)	•	Amount of Contribution (\$)	\$500.00
	Princinal occu	Charlotte, TX 78011 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Retired	pation 7 000 title (Oce mondono)		Retired	<i>-</i>)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:) Hindes, Kari Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$100.00
		Pleasanton, TX 78064			Ĺ		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 10/13/2024 Holt, Janis Contributor address; City; State; Zip Code Silsbee, TX 77656)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Business	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/16/2024					Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL (S		SCHEDU	LE A1		
	The Instruc	ction Guide explains hov	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/70	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 10/17/2024	5 Full name of contributor Huddleston, Karen6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$300.00
_	Duinning Langu	Uvalde, TX 78802	. I		Franks or (Cook batturations			
8	Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Retired	5)		
	Date 10/10/2024	Full name of contributor Huffines, Phillip Contributor address; City; S)		Amount of Contribution (\$)	\$2,602.54
	Dringing! goog	Dallas, TX 75205	s)		Employer (See Instructions	<u>,,</u>		
	Real Estate	pation / Job title (See Instructions	b)		Employer (See Instructions Self	s)		
	Date 10/18/2024	Full name of contributor Huffstutler, Kimberly Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Uvalde, TX 78801	<u>, </u>					
	Principal occu Co Owner	pation / Job title (See Instructions	s) 		Employer (See Instructions Sky Way Entertainment	•		
	Date 09/30/2024	Full name of contributor Hutcherson, Lucille Contributor address; City; S Uvalde, TX 78801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		
	Date 10/10/2024	Full name of contributor JRL Business Household Contributor address; City; S San Antonio, TX 78230	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
			'					

	MONET	ARY POLITICAL CONTR	S		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/30/2024	 5 Full name of contributor out-of-si Kerwin, Helen 6 Contributor address; City; State; Zip Contributor 			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Glen Rose, TX 76043 pation / Job title (See Instructions)	9	Employer (See Instructions) 		
Ü	Retired	pation / oob title (oce matricularis)		Retired	')		
	Date 10/18/2024	Kimball, Jill	tate PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Uvalde, TX 78801					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Kimball Fabrication	s)		
	Date 10/24/2024	Full name of contributor out-of-si Klein, Randy Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Uvalde, TX 78801			_		
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID: 10/23/2024 Kruse, Jo Anna Contributor address; City; State; Zip Code Uvalde, TX 78801					Amount of Contribution (\$)	\$350.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Ben E. Keith	s)		
	Date 10/01/2024	Full name of contributor out-of-si LMCA-Laredo Truck PAC Contributor address; City; State; Zip Contributor	tate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 12/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/28/2024	5 Full name of contributor Light, Delia6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 09/28/2024	Full name of contributor Loera-Martin, Martha Contributor address; City; State; Laredo, TX 78041	out-of-state PAC (ID#:	Retired		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/13/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	North Richland Hills, TX 7618. pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date Full name of contributor out-of-state PAC (ID# 09/30/2024 Marasco III, Michael		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions McDonald's Franchise)		
	Date 10/08/2024	Full name of contributor Marquardt, Rhonda Contributor address; City; State; Uvalde, TX 78801	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Estate Sale Liquidator)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 13/70			
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)		
4	Date 10/22/2024	5 Full name of contributor McCord, Joseph6 Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code)	7	Amount of Contribution (\$)	\$104.10		
8	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)		Employer (See Instructions Retired)				
	Date 10/08/2024	Full name of contributor McDaniel Family Limited Pa Contributor address; City; State Pleasanton, TX 78064)		Amount of Contribution (\$)	\$6,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)				
	Date 10/22/2024	Full name of contributor McDonald, Deborah Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)		Employer (See Instructions Colemen, Horton & Co.)				
	Date 10/11/2024	Full name of contributor McNew, Steven Contributor address; City; State	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00		
	Principal occu Vice Preside	Dvalde, TX 78802 pation / Job title (See Instructions)		Employer (See Instructions DKM Enterprises)				
	Date 09/30/2024	Full name of contributor McQueeney, John Contributor address; City; State Fort Worth, TX 76109	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Vision TX Trans, Inc.)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 14/70			
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)		
4	Date 09/30/2024	 Full name of contributor out-of-state PAC (ID# Money, Brent Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$260.25		
_	Deinsinal assu	Greenville, TX 75401	10	Frankrija (Coo kashrija tara					
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Money Law Title	5)				
	Date 09/30/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	Τ	Employer (See Instructions	 s)				
	President			Moore Jewelers					
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID# NE Tarrant Tea Party PAC Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$500.00		
		Grapevine, TX 76051							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID# Nixon, Dennis Contributor address; City; State; Zip Code Laredo, TX 78041				Amount of Contribution (\$)	\$3,000.00		
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions IBC Bank	5)				
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID# Ramirez, J. Edmundo Contributor address; City; State; Zip Code Laredo, TX 78041	:)	•	Amount of Contribution (\$)	\$1,000.00		
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	5)				
			•						

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 15/70			
2	FILER NAME McLaughlin	Jr., Don E.		3	Filer ID (Ethics Commission 00087820	Filers)		
4	Date 10/10/2024	 Full name of contributor out-of-state PAC (ID#:_ Republican Party of Texas Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$5	55,000.00		
8	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	9 Employer (See Instructions					
_	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#: Richardson, Kersa	2 Employer (See Instructions)		Amount of Contribution (\$)	\$250.00		
		Contributor address; City; State; Zip Code						
	Principal occu	McKinney, TX 75072 pation / Job title (See Instructions)	Employer (See Instructions Lawton Group)				
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Roberts, Heather Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$520.51		
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Rodman, Gabriel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00		
	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions Quickie Bakery)				
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:_ Romans, Charles Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	Employer (See Instructions Retired)				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 16/70	
2	FILER NAME McLaughlin	lr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10,000.00
8	Principal occu	Bulverde, TX 78163 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	Retired	oation / Job title (See Instructions)		Retired	')		
	Date 09/30/2024	Full name of contributor out-of-state PAC of Schoolcraft for Texas Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$2,000.00
		McQueeney, TX 78123-3520					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/08/2024	Full name of contributor out-of-state PAC Schorp, Blaine Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$200.00
		Jourdanton, TX 78026					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC Simpson, Robert Contributor address; City; State; Zip Code Laredo, TX 78041)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Pawnbroker	oation / Job title (See Instructions)		Employer (See Instructions El Bufalo Pawn)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (Slawson, Shelby Contributor address; City; State; Zip Code Stevenville, TX 76401)		Amount of Contribution (\$)	\$500.00
	Principal occu State of Texa	pation / Job title (See Instructions)		Employer (See Instructions State Rep. HD59	5)		
	2 0, 10,10						

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 14/18 Rpt: 17/70	
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 10/21/2024	5 Full name of contributor Smyth, Tres6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_		Dilley, TX 78017					
8	Owner	pation / Job title (See Instructions)		Employer (See Instructions Hope Roofing & Remode		ng	
	Date 10/08/2024	Full name of contributor Soward, David Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Jourdanton, TX 78026 pation / Job title (See Instructions)		Employer (See Instructions)		
	Sheriff	,		Atascosa County	,		
	Date 10/01/2024	Full name of contributor TXTA Truck PAC Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$500.00
		Austin, TX 75701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/20/2024	Full name of contributor Tauzin II, Wilbert Contributor address; City; State Batesville, TX 78229	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$500.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 10/10/2024	Full name of contributor Tex-Pipe PAC Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 18/70	=
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission Filers) 00087820	
4	Date 10/15/2024	 Full name of contributor out-of-state P/ Texans United for a Conservative Majorit Contributor address; City; State; Zip Code 	ty)	7	Amount of Contribution (\$) \$15,000.0	-
_		Victoria, TX 77901					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/01/2024	Full name of contributor ut-of-state PA Texas Agricultural Co-Op Council PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.0	=)
		Round Rock, TX 78664	1	5 1 (0 1 : "			_
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PA Texas House Republican Caucus PAC Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$) \$3,000.0	= 0
		Austin, TX 78737					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/14/2024	Full name of contributor out-of-state Provided, Paul Contributor address; City; State; Zip Code Uvalde, TX 78801)		Amount of Contribution (\$) \$104.1	– 3
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/14/2024	Full name of contributor out-of-state Profunderholt, Tony Contributor address; City; State; Zip Code Arlington, TX 76003)		Amount of Contribution (\$) \$200.0	= 3
	Principal occu State Rep.	pation / Job title (See Instructions)		Employer (See Instructions State of Texas)		
	State Nep.			Ciato di Tondo			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this 1	orı	m.	1	Total pages Schedule A1: Sch: 16/18 Rpt: 19/70			
2	FILER NAME McLaughlin	Jr., Don E.			3	Filer ID (Ethics Commission 00087820	on Filers)		
4	Date 09/30/2024	 Full name of contributor out-of-state PAC (ID#:_Toth, Steve Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	Conroe, TX 77384 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)				
	Business Ow			Self	,,				
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Trevino, Jaime Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
	Dringing! aggs	Pleasanton 78064 Namibia	_	Employer (See Instructions	<u></u>				
	Attorney	pation / Job title (See Instructions)		Law Office of Jaime Tre		0			
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Troxclair, Ellen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00		
	Principal occu	Marble Falls, TX 78654 pation / Job title (See Instructions)	1	Employer (See Instructions	:, 				
	Residential F			Self	,,				
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Tuerina, Angie Contributor address; City; State; Zip Code Carrizo Springs, TX 78834				Amount of Contribution (\$)	\$36.03		
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	5)				
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Union Pacific Corporation Fund for Effective Go Contributor address; City; State; Zip Code Washington, DC 20004				Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)				
			1						

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/70	
2	FILER NAME McLaughlin	Jr., Don E.				3	Filer ID (Ethics Commission 00087820	on Filers)
4	Date 09/27/2024	5 Full name of contributor Wagnon, Robert6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$530.92
		Houston, TX 77030						
8	Principal occu CEO	pation / Job title (See Instructions	s) <u></u>	9	Employer (See Instructions Republic State Mortgag			
	Date 10/07/2024	Full name of contributor Wagnon, Robert Contributor address; City; Si)	•	Amount of Contribution (\$)	\$1,168.02
	Principal occu	Houston, TX 77030 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	CEO				Republic State Mortgag	е		
	Date 10/09/2024	Full name of contributor Weekley, Richard Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77027						
	Principal occu CEO	pation / Job title (See Instructions	5)		Employer (See Instructions Weekley Properties	5)		
	Date 10/09/2024	Full name of contributor Wes Vidrell Campaign Contributor address; City; Si Brady, TX 76825					Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions	(3)		Employer (See Instructions	5)		
	Date 10/25/2024	Full name of contributor Winston, Jeffery Contributor address; City; Si Uvalde, TX 78801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$350.00
	Principal occu Owner	pation / Job title (See Instructions	(3)		Employer (See Instructions Julien's	5)		
			<u>'</u>					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A	A1	
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/70	
	FILER NAME McLaughlin			3	Filer ID (Ethics Commission Fil	lers)
4	Date 10/10/2024 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,	000.00	
8	Principal occu	Laredo, TX 78045 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> S)		
	General Mai	nager	Rush Enterprises, Inc.			
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Zachry Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78265		•	Amount of Contribution (\$) \$	500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

The Instru	action Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/5 Rpt: 22/70			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
McLaughlin	Jr., Don E.	00087820			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description		
10/07/2024			\$27,072.09 Digital Advertising		
	7 Contributor address; City; State; Zip Code				
			<u> </u>		
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of I In-kind contribution contribution (\$) description		
10/07/2024	- Grog / toboti Gampaign		\$107.79 Travel		
	Contributor address; City; State; Zip Code				
			i I		
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
			·		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description		
10/09/2024	Greg Abbott Campaign		\$6,086.67 Digital Advertising		
	Contributor address; City; State; Zip Code				
			i I		
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
			,		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

The Instru	action Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/5 Rpt: 23/70					
2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)				
McLaughlin	Jr., Don E.	00087820					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
10/09/2024	Greg Abbott Campaign		contribution (\$) description \$287.48 Travel				
	7 Contributor address; City; State; Zip Code		J J J J J J J J J J J J J J J J J J J				
			<u> </u>				
	Austin, TX 78767	1	Check if travel outside of Texas. Complete Schedule T.				
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-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 contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
10/10/2024	<u> </u>		contribution (\$) description				
	Contributor address; City; State; Zip Code		\$418.13 Texting				
	, , , , , , , , , , , , , , , , , , ,		İ				
			į				
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
10/17/2024	<u> </u>		contribution (\$) description				
	Contributor address; City; State; Zip Code		\$5,632.77 Polling				
			į į				
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

The Instru	ection Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 3/5 Rpt: 24/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
McLaughlin	Jr., Don E.	00087820	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
10/17/2024	Greg Abbott Campaign		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$17,065.85 Canvassing
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of . In-kind contribution
10/17/2024	Greg Abbott Campaign		contribution (\$) description
	Contributor address; City; State; Zip Code		\$25,083.10 Digital Advertising
			į į
			i i
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
10/24/2024	Greg Abbott Campaign		contribution (\$) description
	Contributor address; City; State; Zip Code		\$2,540.00 Digital Advertising
			į į
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 4/5 Rpt: 25/70			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
McLaughlin			00087820			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
10/25/2024	<u> </u>		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$114.35 Travel			
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			į i			
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	J-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
	p		(
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
24 Continuator s	omployoman iiii (i on oosion iz)	20 Law IIIII of continuate	or a appearation (if arrive 2 low let)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
10 ii continuator	is a clina, law little of paretil(s) (ii arry) (i on sobietice)					
			T			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description			
10/25/2024	Texans for Educational Freedom		\$3,825.001 Texting Service			
	Contributor address; City; State; Zip Code		ļ			
			i			
	A TV 70704		_			
	Austin, TX 78734		Check if travel outside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
	· · · / (500 NIDION)	0 17 1 1 1 1 17	(505)(504)			
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
	# " (500 NIDION)		(1) (505 HIBIOM)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution			
10/11/2024	Texans for Lawsuit Reform PAC		contribution (\$) description \$129,500.00 Advertising			
	Contributor address; City; State; Zip Code		I			
			<u> </u>			
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.			
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A2: Sch: 5/5 Rpt: 26/70
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
McLaughlin Jr., Don E.		00087820
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
10/16/2024 Texans for Lawsuit Reform PAC	,	contribution (\$) description
		\$5,632.77 Advertising
7 Contributor address; City; State; Zip Code		· ·
		i
		1
Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-	
,		, , , , , , , , , , , , , , , , , , ,
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	de chause (if any) (EOD TUDICIAL)
14 Continuator's employemaw limit (FOR JODICIAL)	13 Law IIIII of Continuutor	's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor Out-of-state PAC (ID#:	\	Amount of In-kind contribution
		contribution (\$) description
10/21/2024 Texans for Lawsuit Reform PAC		\$157,000.00 Advertising
Contributor address; City; State; Zip Code		I
		i
Austin, TX 78701		Check if travel cutside of Tayon, Complete Cabadula I
Austin, TX 78701	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.
Austin, TX 78701 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	· ·
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		JUDICIAL) (See instructions)
l .	Employer (FOR NON-	JUDICIAL) (See instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		JUDICIAL) (See instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Contributor's job title (JUDICIAL) (See instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) "s spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL)
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) "s spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) "s spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) "s spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) "s spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) "s spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date 10/11/2024 Full name of contributor out-of-state PAC (ID#: Texas Farm Bureau AgFund Contributor address; City; State; Zip Code	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description \$5.18 Website Endorsement
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description \$5.18 Website Endorsement
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date	Contributor's job title (Law firm of contributor) Employer (FOR NON-	JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description \$5.18 Website Endorsement In-kind contribution contribution description In-kind contribution description description In-kind contribution description description description description In-kind contribution description des
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date	Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description \$5.18 Website Endorsement In-kind contribution contribution description In-kind contribution description description In-kind contribution description description description description In-kind contribution description des
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date	Contributor's job title (Law firm of contributor) Employer (FOR NON-	JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description \$5.18 Website Endorsement In-kind contribution contribution description In-kind contribution description description In-kind contribution description description description description In-kind contribution description des
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date	Contributor's job title (Law firm of contributor) Employer (FOR NON- Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of In-kind contribution contribution (\$) description \$5.18 Website Endorsement In-kind contribution contribution description In-kind contribution description description In-kind contribution description description description description In-kind contribution description des
Principal occupation / Job title (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date 10/11/2024 Full name of contributor out-of-state PAC (ID#:	Contributor's job title (Law firm of contributor) Employer (FOR NON- Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date	Contributor's job title (Law firm of contributor) Employer (FOR NON- Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of
Principal occupation / Job title (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date 10/11/2024 Full name of contributor out-of-state PAC (ID#:	Contributor's job title (Law firm of contributor) Employer (FOR NON- Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date	Contributor's job title (Law firm of contributor) Employer (FOR NON- Contributor's job title (JUDICIAL) (See instructions) FOR JUDICIAL) (See instructions) 's spouse (if any) (FOR JUDICIAL) Amount of

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/44 Rpt: 27/70	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
	09/27/2024	Alejandro, Gloria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	601 Sunrise Ave	
		Uvalde, TX 78801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin	ı, TX, officeholder living expense
		BIOCK WAIRE	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office Held
_	Date	Payee name	
	10/04/2024	Alejandro, Gloria	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$326.98	601 Sunrise Ave	
	Ψ020.30	ool Sumse / We	
		Uvalde, TX 78801	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	ı, TX, officeholder living expense
		Block Walker	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/11/2024	Alejandro, Gloria	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	601 Sunrise Ave	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Cornitact Eabor	outside of Texas. Complete Schedule T.
		Check if Austir	ı, TX, officeholder living expense
		BIOCK WAIRCE	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/44 Rpt: 28/70	McLaughlin Jr., Don E. 00087820	
4	Date	5 Payee name	_
	10/18/2024	Alejandro, Gloria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$367.50	601 Sunrise Ave	
		Uvalde, TX 78801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense Block Walker	
		Block Walker	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	-
	10/18/2024	Alejandro, Gloria	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$150.00	601 Sunrise Ave	
	Ψ100.00		
		Uvalde, TX 78801	
┝	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meals for Polls Watchers	
L			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
	10/25/2024	Alejandro, Gloria	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$868.75	601 Sunrise Ave	
		Uvalde, TX 78801	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Poll Watcher	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
<u> </u>			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 3/44 Rpt: 29/70	McLaughlin Jr., Don E. 00087820	
4 Date	5 Payee name	
10/11/2024	Alphagraphics Northwest	
6 Amount (\$) \$2,603.76	7 Payee address; City; State; Zip Code 9971 IH 10 West San Antonio, TX 78230	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Door Hangers	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/27/2024	Amazon	
Amount (\$) \$17.78	Payee address; City; State; Zip Code 410 Terry Ave. N	
	Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Paper	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/14/2024	Anthem Media & Message, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$9,831.00	6412 Soter Parkway	
	Austin, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad Production	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commiss		
	Sch: 4/44 Rpt: 30/70	McLaughlin Jr., Don E. 00087820		
4	Date	5 Payee name		
	10/01/2024	Anthem Media & Message, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$14,866.34	6412 Soter Parkway		
		Austin, TX 78735		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense	` ´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Media Production
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	10/07/2024	Ax Media		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$38,750.00	800 W. 47th St.,		
		Suite 200		
		Kansas City, MO 64112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Broadcasting Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Data			
	Date	Payee name		
	10/11/2024	Ax Media		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$38,750.00	800 W. 47th St.,		
		Suite 200		
		Kansas City, MO 64112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Broadcasting Ads
				Droduction grade
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		ສານ	Office Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/44 Rpt: 31/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/02/2024	Axiom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14,000.00	800 W. 47th St.
		Suite 200
		Kansas City, MO 64112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting
		Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
Г	Date	Payee name
	10/04/2024	Briones, Rachel
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	408 N. 23rd St.
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		Diock Walker
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/11/2024	Briones, Rachel
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	408 N. 23rd St.
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Block Walker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/44 Rpt: 32/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/18/2024	Briones, Rachel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	408 N. 23rd St.
		Carrizo Springs, TX 78834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Block Walker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	Date	Dayso name
	10/25/2024	Payee name Briones, Rachel
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	408 N. 23rd St.
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Poll Watcher
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	10/25/2024	Cash, Cash
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,500.00	PO Box 1707
		Uvalde, TX 78802
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Poll Watchers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense		ense ges/Contract Labor	Travel in Distric Travel Out of E OTHER (enter	
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 7/44 Rpt: 33/70	_	n Jr., Don E.				00087820	
4	Date	5 Payee name						
	10/19/2024	Castillo, Y						
6	Amount (\$)	7 Payee addr		State;	Zip Code	e		
	\$870.00	129 Fairwa	ау ∟апе					
		Laredo, T	78041					
8	PURPOSE		See Categories listed at the	ton of this seek	(I	Description		
	OF		See Categories listed at the /ages/Contract Lab		iule)		outside of Texas. Co	mplete Schedule T.
	EXPENDITURE		9			ш	n, TX, officeholder livir	ng expense
						Poll Watcher	•	
0	Complete ONLY if direct	Candidata/Of	ficabolder name	<u></u>	fice court		Office h	nold
9	expenditure to benefit C/O		ficeholder name	Off	fice sough	IL	Office r	ıcıu
	Date	Payee name						
	10/15/2024	Cornelius,	Robert					
	Amount (\$)	Payee addr	•	State;	Zip Code	е		
	\$55,000.00	315 N. Do	ak St.					
		Taylor, TX	76574					
	PURPOSE OF		See Categories listed at the	top of this sched	_{dule)} (I	Description	outside of T	malete Cebedule T
	EXPENDITURE	Polling Exp	oense			<u> </u>	outside of Texas. Co n, TX, officeholder livir	
						Voter Canva		
L								
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				neld			
	expenditure to benefit C/OI	1						
	Date	Payee name						
	09/27/2024	De La O, [
	Amount (\$)	Payee addr		State;	Zip Code	9		
	\$600.00	2003 Dura	ngo Ave					
		Laredo, T>	〈 78046					
	PURPOSE	(a) Category	See Categories listed at the	top of this sched	_{dule)} (I	Description		
	OF EXPENDITURE		/ages/Contract Lab			Check if travel	outside of Texas. Co	
						Check if Austin	n, TX, officeholder livir r	ng expense
						DIOCK WAIKE	•	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Off	fice sough	nt	Office h	neld
	expenditure to benefit C/O				3			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 8/44 Rpt: 34/70	McLaughlin Jr., Don E. 00087820		
4	Date	5 Payee name		
	10/04/2024	De La O, David		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$600.00	2003 Durango Ave		
		Laredo, TX 78046		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Block Walker		
		Block Walker		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
\vdash	Dete			
	Date	Payee name		
	10/11/2024	De La O, David		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$600.00	2003 Durango Ave		
		Laredo, TX 78046		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Block Walker		
		Block Walker		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Data			
	Date	Payee name		
	10/25/2024	De La O, David		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$600.00	2003 Durango Ave		
		Laredo, TX 78046		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		
		Check if Austin, TX, officeholder living expense		
		Poll Watcher		
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a estence part listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment		I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 9/44 Rpt: 35/70	McLaughlin Jr., Don E. 00087820	
4	Date	5 Payee name	_
	09/27/2024	Delgado, Carlos	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
•	\$287.50	834 S. Getty	
	4201.00	Apt. 603	
		·	
		Uvalde, TX 78801	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Block Walker	
		Blook Walker	
_	Commission ONII V if disposi	Candidate/Officeholder name Office sought Office held	_
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s	
	· 		_
	Date	Payee name	
	10/01/2024	Delgado, Carlos	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	834 S. Getty	
		Apt. 603	
		Uvalde, TX 78801	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Poster Ad	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	10/10/2024	Payee name Delgado, Carlos	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.00	834 S. Getty	
		Apt. 603	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Block Walker	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	7	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 10/44 Rpt: 36/70	2 FILER NAME McLaughlin Jr., Don E. 3 Filer ID (Ethics Commission Filers) 00087820
4 Date 10/04/2024	5 Payee name Delgado, Carlos
6 Amount (\$) \$405.00	7 Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 10/18/2024	Payee name Delgado, Carlos
Amount (\$) \$245.00	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 10/21/2024	Payee name Delgado, Carlos
Amount (\$) \$45.00	Payee address; City; State; Zip Code 834 S. Getty Apt. 603 Uvalde, TX 78801
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense City Permit
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	<u> </u>	_					
	Sch: 11/44 Rpt: 37/70	McLaughlin Jr., Don E. 00087820						
4	Date	5 Payee name						
	10/21/2024	Delgado, Carlos						
6	Amount (\$)	7 Payee address; City; State; Zip Code	_					
	\$350.00	834 S. Getty						
		Apt. 603						
		Uvalde, TX 78801						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_					
	OF EXPENDITURE	Event Expense						
		Check if Austin, TX, officeholder living expense Snow Cone Stand						
		Show Cone Stand						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
	expenditure to benefit C/OI							
	Date	Payee name	_					
	10/25/2024	Delgado, Carlos						
	Amount (\$)	Payee address; City; State; Zip Code	_					
	\$285.00	834 S. Getty						
		Apt. 603						
		Uvalde, TX 78801						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_					
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Poll Watcher						
	Operation ONLY if dispose	Organista to 100% as had do to to the control of th	_					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
_	Data		_					
	Date 09/27/2024	Payee name Fragmille Marco						
		Escamilla, Marco	_					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$800.00	3312 Guadalupe St.						
		Lawada TV 70040						
		Laredo, TX 78043						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salarias/Magas/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Block Walker						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
	expenditure to benefit C/OI	┨						
			_					

SCHEDULE F1

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 12/44 Rpt: 38/70		McLaughlin Jr., Don E.					00087820
4	Date	5	Payee name					
	10/02/2024		Escamilla, Marco					
6	Amount (\$)	7	Payee address; City; State	; Zip Coo	de			
	\$1,500.00		3312 Guadalupe St.	•				
			·					
			Laredo, TX 78043					
8	PURPOSE	—			(h)	Description		
ľ	OF	(")	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)	(2)	_ :	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Calaires, Wages, Contract Laso.			Check if Austin,	TX,	officeholder living expense
						Block Walker		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office souç	ght			Office held
	Date		Payee name					
	10/02/2024		Escamilla, Marco					
	Amount (\$)		Payee address; City; State	; Zip Coo	de			
	\$800.00		3312 Guadalupe St.					
			Laredo, TX 78043					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor	iodaio)		_ ·	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE		-			—		officeholder living expense
						Block Walker		
	Operation ONLY if alice at	Ļ	2 and date (Office Includes	04:	l. 4			Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	gnt			Office held
		_						
	Date		Payee name					
	10/11/2024		Escamilla, Marco					
	Amount (\$)			; Zip Coo	de			
	\$800.00		3312 Guadalupe St.					
			Laredo, TX 78043					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor			—		de of Texas. Complete Schedule T.
						Check if Austin, Block Walker		officeholder living expense
						PIOCK WAIKE		
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office soug	thr			Office held
	expenditure to benefit C/O		And date of the children of the children	Cinoc sout	ا، او			Cinice field
	rms provided by Texas F	+la i a	e Commission www.athics	ototo tv				Version V// 1 0 //8da51f

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nse Travel in District
ense Travel Out of District
ones/Contract Labor OTHER (enter a cat

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/44 Rpt: 39/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/12/2024	Escamilla, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,495.00	3312 Guadalupe St.
		Laredo, TX 78043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walkers
		Block Walkers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	10/19/2024	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	3312 Guadalupe St.
	φ3,000.00	3312 Guadalupe St.
		Laureda TV 70040
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone Bank
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	10/19/2024	Escamilla, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,730.00	3312 Guadalupe St.
	, ,	
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Poll Watchers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

ers)

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 15/44 Rpt: 41/70	McLaughlin Jr., Don E. 00087820						
4	Date	5 Payee name						
	10/26/2024	Espanza, Rosa						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$600.00	3203 Perez Court						
		Laredo, TX 78045						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Poll Watcher						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	10/26/2024	Esperanza, Hope						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5,200.00	2833 Emory Loop						
	•							
		Laredo, TX 78043						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Poll Watchers						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	10/04/2024	FSPJM Investments, LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	1007 San Dario Ave						
	,_,,,,,,,,	Suite 208						
		Laredo, TX 78040						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Field Office Rental						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/44 Rpt: 42/70	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	'
	09/27/2024	First State Bank of Uvalde	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	200 E. Nopal	
		Uvalde, TX 78801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Wire Transfer Fee
			Wile Hansier Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cines nea
-	Date	Payee name	
	09/30/2024	Flores, Abigail	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,200.00	116 E. Campbell	
		·	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Block Walker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field
	Date	Payee name	
	10/10/2024	Flores, Abigail	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,200.00	116 E. Campbell	
	•	'	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, and the second	Check if Austin, TX, officeholder living expense
			Block Walker
_	Complete ONLY if divert	Candidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/44 Rpt: 43/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/07/2024	Flores, Abigail
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,200.00	116 E. Campbell
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Dougo nama
	10/14/2024	Payee name
		Flores, Abigail
	Amount (\$)	Payee address; City; State; Zip Code
	\$265.00	116 E. Campbell
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/18/2024	Flores, Abigail
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,200.00	116 E. Campbell
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Block Walker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	ift/Awards/Memorials egal Services he Instruction G	·		ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
1	Total pages Schedule F1:	2	FILER NAMF					I	3	Filer ID	(Ethics Commission	on Filers)
	Sch: 18/44 Rpt: 44/70	ı	McLaughlin J	r., Don E.						00087820	•	-,
4	Date	5	Payee name						l			
	10/25/2024	ı	Flores, Abiga	il								
Ļ		Ь—	-									
6	Amount (\$)	ı	Payee address		State	e; Zip Co	de					
	\$3,200.00		116 E. Camp	bell								
			Uvalde, TX 7	8801								
8	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			es/Contract La				므			plete Schedule T.	
								—	, TX,	officeholder living	g expense	
								Poll Watcher				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name		Office sou	ght			Office he	eld	
L	experientare to benefit 6/01	_										
	Date		Payee name									
	10/19/2024		Garcia, Rami	ro								
	Amount (\$)		Payee address	; City;	State	e; Zip Co	de					
	\$500.00		201 Lindenw	ood								
			Laredo, TX 7	8045								
	PURPOSE	(a)	Category (see	Categories listed at t	ho ton of this so	hodulo)	(b)	Description				
	OF			es/Contract La		neuuie)	. ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	j expense	
								Poll Watcher				
L												
	Complete ONLY if direct		Candidate/Office	holder name		Office sou	ght			Office he	eld	
L	expenditure to benefit C/OI											
	Date		Payee name									
	10/19/2024		Gonzales, Le	onor								
	Amount (\$)		Payee address	; City;	State	e; Zip Co	de					
	\$750.00		3309 Cortez	St.								
			Laredo, TX 7	8043								
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this se	hedule)	(b)	Description				
	OF EVDENDITUDE			es/Contract La		/			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_	TX,	officeholder living	j expense	
								Poll Watcher				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name	1	Office sou	ght			Office he	eld	
	experiorale to belieff C/OI											
							_		_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/44 Rpt: 45/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/26/2024	Gonzales, Leonor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$765.00	3309 Cortez St.
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Call Center
		Suil Scritci
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	09/28/2024	Gonzalez, Hector
	Amount (\$)	Payee address; City; State; Zip Code
	\$920.00	1602 1/2 S. Zapata Hwy
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ice Cream
		loc Gream
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	10/12/2024	Gonzalez, Hector
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.00	1602 1/2 S. Zapata Hwy
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Ice Cream Social
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/44 Rpt: 46/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	09/27/2024	Greenwalt, Julie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	11 Leona Heights
		Uvalde, TX 78801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	<u> </u>
	Date	Payee name
	10/04/2024	Greenwalt, Julie
	Amount (\$)	Payee address; City; State; Zip Code
	\$332.71	11 Leona Heights
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK WAIKEI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	10/11/2024	Greenwalt, Julie
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	11 Leona Heights
L		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK Walker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	· -	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		xpense Vages/	e /Contract Labor			rict category not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
Ļ	Sch: 21/44 Rpt: 47/70	McLaughlin	JI., DOII E.					00087820	
4	Date 10/18/2024	5 Payee name Greenwalt, .	Julie						
6		7 Payee addres		ato: Zin Co	ndo.				
0	Amount (\$) \$367.50	11 Leona H	•	ate; Zip Co	ue				
	Ψ307.30	TT LOUIGIT	o.g. 10						
		Uvalde, TX	78801						
8	PURPOSE	(a) Category (Se	e Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		ges/Contract Labor	,		=		de of Texas. Comp	
	-					Block Walker		officeholder living	expense
9	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office he	ld
	expenditure to benefit C/OI								
	Date	Payee name							
	10/25/2024	Greenwalt, .							
	Amount (\$)	Payee addres		ate; Zip Co	de				
	\$896.41	11 Leona H	eights						
		=							
		Uvalde, TX							
	PURPOSE OF		e Categories listed at the top of this	s schedule)	(b)	Description Check if travel (OLITE;	de of Texas. Comp	lete Schedule T
	EXPENDITURE	Salaries/Wa	ges/Contract Labor			-		officeholder living	
						Poll Watcher			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name	Office sou	ght			Office he	ld
	experience to belieff C/Of	•							
	Date	Payee name							
	10/09/2024	HEB							
	Amount (\$)	Payee addres		ate; Zip Co	de				
	\$1,800.00	201 E. Main							
		Uvalde, TX	78801						
	PURPOSE		e Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE	Travel In Dis			. ,	Check if travel of		de of Texas. Comp	
	LAFLINDITORE					Check if Austin, Fuel Cards	, TX,	officeholder living	expense
						ruei Calus			
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office he	ld
	expenditure to benefit C/O	4			-				

SCHEDULE F1

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/44 Rpt: 48/70	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
L	10/18/2024	HEB	
6	Amount (\$) \$1,950.00	7 Payee address; City; State; Zip Code 201 E. Main	
		Uvalde, TX 78801	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas Cards for Block Walkers
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	10/18/2024	HEB	
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 201 E. Main	
		Uvalde, TX 78801	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas Cards for Block Walkers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 10/24/2024	Payee name HEB	
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 201 E. Main	
		Uvalde, TX 78801	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas Cards
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	omple	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID	(Ethics Commission Filers)
Sch: 23/44 Rpt: 49/70	McLaughlin Jr., Don E.		00	087820	
4 Date	5 Payee name				
09/27/2024	Hardman, Ashlee				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$180.00	401 N. 11th Ave.				
	Crystal City, TX 78839				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	 Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of	f Texas. Com	plete Schedule T.
EXPENDITURE			Check if Austin, TX, office	eholder living	expense
			Block Walker		
		<u> </u>		000	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office he	eld
·					
Date	Payee name				
10/04/2024	Hardman, Ashlee				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$150.00	401 N. 11th Ave.				
	Crystal City, TX 78839				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of		
			Check if Austin, TX, office Block Walker	enolder living	expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld
expenditure to benefit C/O		. 3			
Date	Payee name				
10/11/2024	Hardman, Ashlee				
Amount (\$)	Payee address; City; State; Zip Co	nde			
\$210.00	401 N. 11th Ave.	ouc			
Ψ210.00	10211122117100.				
	Crystal City, TX 78839				
DUDDOCE		(1-)			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(D)	Description Check if travel outside of	f Texas. Com	plete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, office		
			Block Walker		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	п 				

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		/ages/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
<u> </u>	Tatalana Oliver				0 51 15	(Fabine Commission ="
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
	Sch: 24/44 Rpt: 50/70	McLaughlin Jr., Don E.			00087820	
4	Date	Payee name				
	10/24/2024	La Mesa Restaurant				
6	Amount (\$)	Payee address; City; S	state; Zip Co	de		
	\$25.06	3465 N. State Highway 16				
		Poteet, TX 78065				
8	PURPOSE	Category (See Categories listed at the top of th	is schedule)	(b) Description		
	OF EXPENDITURE	Food/Beverage Expense	,	Check if travel	outside of Texas. Comp	olete Schedule T.
	EXPENDITORE	- ,		Check if Austin,	, TX, officeholder living	expense
				Lunch		
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sou	ght	Office he	ld
	expenditure to benefit C/Or					
	Date	Payee name				
	10/26/2024	La Mesa Restaurant				
	Amount (\$)	Payee address; City; S	state; Zip Co	de		
	\$1,000.00	3465 N. State Highway 16				
		Poteet, TX 78065				
	PURPOSE	Category (See Categories listed at the top of th	is echodulo)	(b) Description		
	OF	Event Expense	is scriedule)		outside of Texas. Comp	olete Schedule T.
	EXPENDITURE	arem angenes		Check if Austin,	, TX, officeholder living	expense
				Governor's G	OTV	
	Complete ONLY if direct	andidate/Officeholder name	Office sou	ght	Office he	ld
	expenditure to benefit C/O					
	Date	Payee name				
	10/15/2024	Laredo Morning Times				
	Amount (\$)	Payee address; City; S	state; Zip Co	de		
	\$850.00	5711 McPherson				
		Suite 203A				
		Laredo, TX 78041				
	PURPOSE	Category (See Categories listed at the top of th	is schedule)	(b) Description		
	OF	Advertising Expense			outside of Texas. Comp	olete Schedule T.
	EXPENDITURE			ш	, TX, officeholder living	expense
				Newspaper A	vq	
	Complete ONLY if direct	andidate/Officeholder name	Office sou	ght	Office he	ld
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/44 Rpt: 51/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/15/2024	Lilly & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,001.13	1005 Congress Ave
		Suite 400
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Consulting Expense Consulting Expense Consulting Expense Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	Lolitas Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.64	6950 McPherson Rd.
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	09/30/2024	Lopez, Juana
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2102 S. Ejido
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	_//	Check if Austin, TX, officeholder living expense
		Food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/44 Rpt: 52/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/19/2024	Lopez, Juana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1600 Orquida
		Rio Bravo, TX 78046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Poll Watcher
		1 on Waterier
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/26/2024	Loyalty Traditions
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	102 Nuevo Camino Rd.
		Laredo, TX 78046
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ad in car show
		7.6.11.6.11.5.11
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/04/2024	Lozano, Irma
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 305
	,	
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Block Walker
		DIOUN WAINCE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 27/44 Rpt: 53/70	McLaughlin Jr., Don E. 00087820	
4 Date	5 Payee name	
10/11/2024	Lozano, Irma	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code PO Box 305 Carrizo Springs, TX 78834	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/18/2024	Lozano, Irma	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 305	
	Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/25/2024	Lozano, Irma	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 305	
	Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll Watcher	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 28/44 Rpt: 54/70	McLaughlin Jr., Don E.
4	Date	5 Payee name
	10/24/2024	Mailchimp
	10/24/2024	·
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	405 N. Angier Ave NE
		Atlanta, GA 30312
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payon nama
	10/19/2024	Payee name Manaka Japalla
		Mancha, Jenelle
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	3415 Yorkshire st.
		Laredo, TX 78045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Poll Watcher
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	н
	Date	Payee name
	10/26/2024	Mancha, Jenelle
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	3415 Yorkshire st.
	4000.00	
		Lorodo TV 7004F
		Laredo, TX 78045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Call Center
		Call Certies
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/44 Rpt: 55/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/10/2024	Martinez, Eva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.00	307 N. Camp
		Uvalde, TX 78801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	10/04/2024	Martinez, Eva
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	307 N. Camp
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK WAIKEI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	Date	Payee name
	10/18/2024	Martinez, Eva
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	307 N. Camp
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Block Walker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/44 Rpt: 56/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/25/2024	Martinez, Eva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	307 N. Camp
		Uvalde, TX 78801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/10/2024	Noveron, Aalayna
	Amount (\$)	Payee address; City; State; Zip Code
	\$155.00	430 S. Getty
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/04/2024	Noveron, Aalayna
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	430 S. Getty
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK WAIRCI
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/44 Rpt: 57/70	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
	10/18/2024	Noveron, Aalayna	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$270.00	430 S. Getty	
	42.0.00	100 01 001.9	
		Uvalde, TX 78801	
Ļ	DUDDOOF		
8	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
Г	Date	Payee name	
	10/25/2024	Noveron, Aalayna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	430 S. Getty	
	,		
		Uvalde, TX 78801	
_	DUDDOOF		
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	10/04/2024	Perez, Fransisca	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	PO Bo 472	
		Carrizo Springs, TX 78834	
	PURPOSE	· ·	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	H	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/44 Rpt: 58/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/11/2024	Perez, Fransisca
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Bo 472
		Carrizo Springs, TX 78834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/18/2024	Perez, Fransisca
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Bo 472
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Block Walker
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/25/2024	Perez, Fransisca
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	PO Bo 472
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Poll Watcher
		1 on waterier
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/44 Rpt: 59/70	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	
	10/04/2024	Perez, Melinda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	202 Walker St.	
		Carrizo Springs, TX 78834	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Galaries/ Wages/ Contract Labor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Block Walke	
		2.000. 1.000.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	10/11/2024	Perez, Melinda	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	202 Walker St.	
	φου.υυ	202 Waiker St.	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaties/ Wages/Contract Eabor	el outside of Texas. Complete Schedule T.
		Block Walke	in, TX, officeholder living expense
		DIOCK WAIKE	:1
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	10/18/2024	Perez, Melinda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	202 Walker St.	
		Carrizo Springs, TX 78834	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaties/ Wages/Contract Eabor	el outside of Texas. Complete Schedule T.
		Block Walke	in, TX, officeholder living expense
		Block Walke	at .
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
\vdash	•		
L			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)						
L		_			Guiue expiains	5 HOW TO CO	mpie	ete triis iorm.	_		
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
_	Sch: 34/44 Rpt: 60/70	_	McLaughlin	Jr., Don E.						00087820	
4	Date	1	Payee name								
L	10/25/2024		Perez, Meli	nda							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de				
	\$650.00		202 Walker	St.							
			Carrizo Spri	ngs, TX 7883	34						
8	PURPOSE	(a)	Category (se	ee Categories listed	at the top of this so	shedule)	(b)	Description			
	OF	<u> </u> `´		ages/Contract		Sileduic)	` '	:	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE			.9				Check if Austin	, TX,	officeholder livin	ng expense
		1						Poll Watcher			
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									
H	Date		Payee name								
	10/02/2024		Perez, Tom	asita							
_		\vdash			C4-+	0. 7i- 0-	de				
	Amount (\$)		Payee addres		Siate	e; Zip Co	ue				
	\$4,000.00		606 Pena D	r.							
			Rio Bravo,	ΓX 78046							
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE	1		ges/Contract				_	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE	1						—		officeholder livin	ng expense
								Field Director	ſ		
L											
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									
H	Date		Payee name								
	10/02/2024		Perez, Tom	asita							
\vdash					Ctct	o: Zin Ca	do				
	Amount (\$)	1	Payee addres		Sidle	e; Zip Co	ue				
	\$348.64		606 Pena D	Τ.							
			Rio Bravo,	ΓX 78046							
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE			head/Rental E		ŕ		ш			mplete Schedule T.
	LAFENDITURE							ш		officeholder livin	
								Reimburseme	ent	for office s	upplies
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld
	expenditure to benefit C/OI	H									

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 35/44 Rpt: 61/70	2 FILER NAME McLaughlin Jr., Don E. 3 Filer ID (Ethics Commission Filers) 00087820
4	<u> </u>	5 Payee name Pleasanton Express
6	Amount (\$) \$575.25	7 Payee address; City; State; Zip Code PO Box 880
8	PURPOSE OF EXPENDITURE	Pleasanton, TX 78064 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/30/2024	Payee name Quickie Bakery
	Amount (\$) \$193.13	Payee address; City; State; Zip Code 2019 Corpus Christi St.
	PURPOSE OF EXPENDITURE	Laredo, TX 78043 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/04/2024	Payee name Ramirez, Irma
	Amount (\$) \$650.00	Payee address; City; State; Zip Code PO Box 172
		Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 36/44 Rpt: 62/70	McLaughlin Jr., Don E.	00087820			
4	Date	5 Payee name				
	10/11/2024	Ramirez, Irma				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$650.00	PO Box 172				
		Carrizo Springs, TX 78834				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Galaries/ Wages/ Cornilate Eabor	outside of Texas. Complete Schedule T. TX, officeholder living expense			
		Block Walker				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	10/18/2024	Ramirez, Irma				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$650.00	PO Box 172				
		Carrizo Springs, TX 78834				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/ Wages/ Cortifact Eabor	outside of Texas. Complete Schedule T. TX, officeholder living expense			
		Block Walker				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	10/25/2024	Ramirez, Irma				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$700.00	PO Box 172				
		Carrizo Springs, TX 78834				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T.			
		Poll Watcher	TX, officeholder living expense			
		1 oil Waterier				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
1						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
	Sch: 37/44 Rpt: 63/70	McLaughlin Jr., Don E. 00087820	
4	Date	5 Payee name	
	10/19/2024	Ramirez, Leon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	811 Constantinople St.	
		Laredo, TX 78040	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	_/	Check if Austin, TX, officeholder living expense Poll Watch	
		1 on water	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
_	Date	Payee name	
	10/04/2024	Remington Research Group	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$11,429.00	800 W. 47th St.	
	Ψ11, 420.00	Suite 200	
		Kansas City, MO 64112	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Texting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Gree		
	Date	Payee name	
	09/27/2024	Republican Party of Texas State Account	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53,145.00	PO Box 2206	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Mailers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
1			

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 38/44 Rpt: 64/70	McLaughlin Jr., Don E.			00087820	
4	Date	5 Payee name		•		
	10/18/2024	Republican Party of Texas State Account				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$28,500.00	PO Box 2206				
		Austin, TX 78768				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising Expense		Check if travel outsid		
				Check if Austin, TX, Mailers	officenolaer living	g expense
				Manoro		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught		Office h	eld
	expenditure to benefit C/O		J			
	Date	Payee name				
	10/19/2024	Rodriguez, Mary				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$300.00	201 Lindenwood				
		Laredo, TX 78045				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsic		
	LXI LINDITORE			Check if Austin, TX,	officeholder living	g expense
				Poll Watcher		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office h	eld
	expenditure to benefit C/O		agiit		Office II	ciu
	Date	Payee name				
	09/30/2024	Royal Receptions				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$1,550.00	2101 Lomas Del Sur Blvd	-			
	, ,					
		Laredo, TX 78046				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	Event Expense	(2)	Check if travel outsic	le of Texas. Com	pplete Schedule T.
	EXPENDITURE			Check if Austin, TX,	officeholder living	g expense
				Venue		
			<u>L</u>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught		Office h	eld
	p = 1 3.5 12 12 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/44 Rpt: 65/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/19/2024	Silguero, Diana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	120 S. Seymour Ave.
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Poll Watcher
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/26/2024	Silguero, Diana
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	120 S. Seymour Ave.
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Poll Watcher
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	10/09/2024	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$323.67	1455 Market St.
	, , , , ,	Suite 600
		San Francisco, TX 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CC reader
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/44 Rpt: 66/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/26/2024	Suarez, Ignacia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$960.00	4800 McPherson Rd.
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Call Center
		Can center
9	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	10/04/2024	Suarez, Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.34	321 W. Nopal
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Install Signs
L	Commists ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
L	·	
	Date	Payee name
	10/14/2024	Suarez, Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$523.40	321 W. Nopal
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Install Signs
ldash	0 1. 0	
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$ldsymbol{ld}}}}}}$		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 41/44 Rpt: 67/70	McLaughlin Jr., Don E.			00087820	
4 Date	5 Payee name		·		
10/18/2024	Suarez, Joe				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$331.49	321 W. Nopal				
	Uvalde, TX 78801				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsid	de of Texas. Com	plete Schedule T.
EXPENDITURE	_	Ē	Check if Austin, TX,	officeholder living	g expense
		P	out up Signs		
		<u> </u>		000	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught		Office he	eld
· 					
Date	Payee name				
10/25/2024	Suarez, Joe				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$652.50	321 W. Nopal				
	Uvalde, TX 78801				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsid		
		L	Check if Austin, TX,	onicenoider living) expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld
expenditure to benefit C/O		3			
Date	Payee name				
10/19/2024	Suarez, Rolando				
Amount (\$)	Payee address; City; State; Zip Co	nde			
\$945.00	4800 McPherson Rd.	ouc			
40 10100	1000 Mel Helsen Ku.				
	Laredo, TX 78041				
DUDDOCE		(h) 5			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	D	Description Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX,		
		P	Poll Watcher		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O					
				<u> </u>	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 42/44 Rpt: 68/70	McLaughlin Jr., Don E. 00087820			
4	Date	5 Payee name			
	10/26/2024	Suarez, Rolando			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$645.00	4800 McPherson Rd.			
		Laredo, TX 78041			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Call Center			
		Suil Scritci			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_					
	Date	Payee name			
	10/26/2024	Suarez, Rolando			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$915.00	4800 McPherson Rd.			
		Laredo, TX 78041			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Call Center			
		Suil Scritci			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	10/02/2024	US Postal			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$8.18	103 S. Getty			
		Uvalde, TX 78801			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Priority Mail			
	0 1. 0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	p = 1 2 25 3/01				
L					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/44 Rpt: 69/70	McLaughlin Jr., Don E. 00087820
4	Date	5 Payee name
	10/10/2024	US Postal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.00	103 S. Getty
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Priority Mail
		Fholity Mail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	10/01/2024	Universal Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	2524 N. Veterans
	Ψ2,300.00	2324 N. Veterans
		Eagle Pass, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Newspaper Ad
		νονσραρεί / τα
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/16/2024	Uvalde Leader News
	Amount (\$)	Payee address; City; State; Zip Code
	\$789.00	110 E. North St.
	7.00.00	
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper Ad
		ινενισμαμεί πα
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete thi	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/44 Rpt: 70/70	McLaughlin Jr., Don E.	00087820
4	Date	5 Payee name	-
	10/24/2024	Uvalde Leader News	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	404 Perez St.	
		Uvalde, TX 78801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	/ Actioning Expense	check if travel outside of Texas. Complete Schedule T.
		,	heck if Austin, TX, officeholder living expense iio Advertising
			/ ta.101.10g
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	10/02/2024	Wal Mart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.54	300 E. Main St.	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Event Expense	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		rheck if Austin, TX, officeholder living expense
		Para	ade Candy
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Cilide Held
	Date	Payee name	
	10/09/2024	Payee name Wal Mart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$486.83	300 E. Main St.	
	¥ 100.00	333	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	crintion
	OF		heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	□c	heck if Austin, TX, officeholder living expense
		Can	opies
	Operation ONE V. C. F.	Condition (Office Includes a second	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	,		