# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM JCOR-C/OH

1	,	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00087578		34			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	Mr.	John R.			11/11/2024	
		NICKNAME	LAST		SUFFIX	1	
			Messinger			Date Hand-delivered or	Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	pecify)	Bate Fland delivered of	Date i osimarked
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		$\boxed{\mathbf{X}}$ 30th day before election	15th day after camp	paign treasurer			
			appointment (office	• •		Date Processed	•
		8th day before election	Ц ' `				
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day	Year	Date Imaged	
		07/01/2024		09/26/2024			
6	EXPLANATION OF C	ORRECTION  my last report that I had not					
7	AFFIDAVIT		and	ear, or affirm, under po correct. ck the box next to any			report is true
				Semiannual reports was made in good fa misrepresent the info	aith and without	an intent to mislead	
			X	Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in go	the 14th busines ginally filed is in any error or om	ss day after the date accurate or incomp	e I learned lete. I
					∕Ir. John R. M		
	4 F F IV 1 O T 1 T 1 T = -	AMD / 0541 ABC: '5		Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subset	rihad hafora ma by the sai	d		thic th	10	day
	of	ribed before me, by the sai , 20, to cer	tify which, witness my	hand and seal of office	, uno u 2.	IC	uay
	Signature of office	er administering oath	Printed name of of	ficer administering oa	th T	Fitle of officer admin	istering oath
						·	

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087578 34 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. John R. NAME Date Received **ELECTRONICALLY FILED** 11/11/2024 NICKNAME LAST **SUFFIX** Messinger CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 508 Bellaire Oaks Dr. MAILING Receipt # Amount **ADDRESS** Change of Address Plugerville, TX 78660 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ronald L. NAME NICKNAME LAST **SUFFIX** Agnew STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 529 Tanner Trail **ADDRESS** (Residence or Business) Pflugerville, TX 78660 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 251-0569 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 2 District 3

**GO TO PAGE 2** 

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

3 of 34

13 C / OH NAME	Messinger, John R. (	Mr.)	<b>14</b> Filer ID 00087578	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political of These expenditures may have been made I officeholders are required to report this in	without the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	X GENERAL	Hays County Republican Party						
		COMMITTEE ADDRESS						
	SPECIFIC	P.O. Box 1806						
	Kyle, TX 78640							
COMMITTEE CAMPAIGN TREASURER NAME								
		Hennager, Guy						
		COMMITTEE CAMPAIGN TREASURER	ADDRESS					
		916 Mustang Lane						
		San Marcos, TX 78666						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 1,100.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES C	OF LOANS)	\$ 16,494.66				
EXPENDITURE TOTALS	DE LOANS)	\$ 607.24						
	4. TOTAL POLIT	CAL EXPENDITURES		<b>\$</b> 13,614.25				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C RIOD	OF THE LAST DAY OF THE	\$ 8,888.84				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LC TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT			er penalty of perjury, that the ac ncludes all information required n Code.					
			Mr. John R. Messinger					
		Sig	nature of Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL ABO	OVE						
Sworn to and subs	day							
of	, 20, to ce	ertify which, witness my hand and seal of o	office.					
Signature of offic	cer administering oath	Printed name of officer administering	g oath Title of office	er administering oath				

### **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

				4 of 34
18 FILER NAM Messinger	ME r, John R. (Mr.)	<b>19</b> Filer ID 00087578	(Ethics Comn	nission Filers)
20 SCHEDULE NAME OF S			SUBTO	TAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	16,494.66
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,314.50
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.		Total pages Schedule A(J)1: Sch: 1/16 Rpt: 5/34
2	FILER NAME Messinger, 3	John R. (Mr.)				Filer ID (Ethics Commission Filers) 00087578
4	Date 08/20/2024	Full name of contributor     Austin Republican Wom     Contributor address; City;		)	7	Amount of Contribution (\$) \$2,500.00
		Austin, TX 78738				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	.0 Contributor's employer/law firm 11 Law firm of contributor's sp			oouse	e (if any)	
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ,	Amount of Contribution (\$)
	08/09/2024	Blair, Susan  Contributor address; City;	State; Zip Code			\$104.10
	Contributorio	Luling, TX 78648		Contributor's Job Title		
	Retired	Principal Occupation		Retired		
		employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	<u> </u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ,	Amount of Contribution (\$)
O8/09/2024 Blair, Susan  Contributor address; City; State; Zip Code				\$30.00		
		Luling, TX 78648				
	Contributor's I Retired	Principal Occupation		Contributor's Job Title Retired		
Г	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	Retired					
	If contributor i	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/16 Rpt: 6/34
2	FILER NAME Messinger, 3	John R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087578
4	Date 08/10/2024	<ul><li>5 Full name of contributor</li><li>Blair, Susan</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$260.25
		Luling, TX 78648				
8		Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	O Contributor's employer/law firm  Retired  11 Law firm of contributor's sp			oous	se (if any)	
12	2 If contributor i	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	09/22/2024	Brady, Patrick  Contributor address; City;	State; Zip Code			\$104.10
		Woodway, TX 76712				
		Principal Occupation		Contributor's Job Title	امما	
L	Attorney	employer/law firm		Associate general coun  Law firm of contributor's sp		co (if any)
		Technical College		Law IIIII of Contributor's Sp	Jous	se (II ally)
		s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	08/02/2024	Brown, Dan	_			\$104.10
		Contributor address; City; Pflugerville, TX 78660	State; Zip Code		•	
Г	Contributor's I	Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor i	s a child, law firm of parent(s) (if	fany)			

	MONET	ARY POLITICAL CONTRIBU	JTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete t	this 1	form.	1	Total pages Schedule A(J)1: Sch: 3/16 Rpt: 7/34
2	FILER NAME Messinger, 3	John R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087578
4	Date 09/26/2024	<ul> <li>Full name of contributor  out-of-state PAC Buchert, Carol</li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#:_		7	Amount of Contribution (\$) \$150.00
		Round Rock, TX 78664				
8		Principal Occupation		9 Contributor's Job Title		
_	Retired			Retired		
10	<ul><li>0 Contributor's employer/law firm</li><li>Retired</li><li>11 Law firm of contributor's sp</li></ul>			oous	se (if any)	
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)
	09/19/2024	Burnet County Republican Club PAC  Contributor address; City; State; Zip Code  Burnet, TX 78611				\$500.00
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor 3 i	Tilicipal Occupation		Continuator 3 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  ut-of-state PAC	C (ID#:_	)		Amount of Contribution (\$)
	09/03/2024	Canyon Lake Republican Women				\$1,000.00
		Contributor address; City; State; Zip Code  Canyon Lake, TX 78133				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CON	TRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	mplete this form.	1 Total pages Schedule A(J)1: Sch: 4/16 Rpt: 8/34
2	FILER NAME Messinger,	John R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087578
4	Date 09/05/2024	5 Full name of contributor out-	of-state PAC (ID#:)  Code	7 Amount of Contribution (\$) \$104.10
		Groesbeck, TX 76642		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Prosecutor		District Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Limestone C	County		
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of Contribution (\$)
	08/22/2024	Dessauer, Carly	·	\$104.10
	Contributor address; City; State; Zip Code		Code	·· <b> </b>
		Cedar Park, TX 78613		
	Contributor's	Principal Occupation	Contributor's Job Title	•
	Attorney		ADA	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Williamson (	County		
	If contributor i	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of Contribution (\$)
	09/12/2024	Duzgun, Yusuf	·	\$104.10
		Contributor address; City; State; Zip	Code	···
		Round Rock, TX 78681		
		Principal Occupation	Contributor's Job Title	
	IT		President & CEO	
		employer/law firm	Law firm of contributor's	spouse (if any)
		chnology Solutions		
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	ages Schedule A(J)1: 5/16 Rpt: 9/34	
2	FILER NAME Messinger, 3	John R. (Mr.)			3 Filer ID 00087	Ethics Commissio	n Filers)
4	Date 08/03/2024	<ul><li>5 Full name of contributor Fitzpatrick, Lesli</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		<b>7</b> Amour	nt of Contribution (\$)	\$260.25
		Austin, TX 78729					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Director of Special Civil			
10		employer/law firm		11 Law firm of contributor's sp	oouse (if any	y)	
10		rtment of Criminal Justice	: \				
12	in Contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amour	nt of Contribution (\$)	
	09/12/2024	Forest, Adam  Contributor address; City;	State; Zip Code				\$156.15
		Leander, TX 78641					
	Contributor's F	Principal Occupation		Contributor's Job Title	•		
	Real estate			Partner			
		employer/law firm		Law firm of contributor's sp	oouse (if any	y)	
	NY Real Est	ate LLC					
	If contributor is	s a child, law firm of parent(s) (if	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amour	nt of Contribution (\$)	
	07/08/2024	Foth, Mark	<u> </u>				\$50.00
		Contributor address; City; Pflugerville, TX 78660	State; Zip Code				
_	Contributor's I	Principal Occupation		Contributor's Job Title			
	Police office			Corporal			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any	y)	
	City of Austin	n					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/16 Rpt: 10/34
2	FILER NAME Messinger, 3	John R. (Mr.)			1	Filer ID (Ethics Commission Filers) 00087578
4	Date 09/26/2024	<ul><li>5 Full name of contributor GARW-PAC</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Georgetown, TX 78633				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/20/2024	Gaultney, David  Contributor address; City;	State; Zip Code			\$260.25
		San Marcos, TX 78666				
		Principal Occupation		Contributor's Job Title		
	Retired			Retired		C.E. a. a. a.
	Retired	employer/law firm		Law firm of contributor's sp	ous	e (II any)
	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/11/2024	Harvey, Scott	_			\$260.25
		Contributor address; City; Leander, TX 78641	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Construction			Owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Halo Commo	ercial Construction				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/16 Rpt: 11/34
2	FILER NAME Messinger, 3	John R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087578
4	Date 08/05/2024	<ul><li>5 Full name of contributor Herrera, Diane</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Leander, TX 78641				
8		Principal Occupation		9 Contributor's Job Title		
	Business ow			President		
10	.0 Contributor's employer/law firm CSSI 11 Law firm of contributor's sp			oous	e (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/06/2024	Herrera, Diane  Contributor address; City;  Leander, TX 78641	State; Zip Code			\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Business ow			President		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/30/2024	Howell, Doug  Contributor address; City;  Bryan, TX 77805	State; Zip Code			\$260.25
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Prosecutor			ADA		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Brazos Cour	nty District Attorney's Office				
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 8/16 Rpt: 12/34
2	FILER NAME Messinger, 3	John R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087578
4	Date 09/25/2024	<ul><li>5 Full name of contributor Juhlke Living Trust</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$250.00
		Round Rock, TX 78681				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title X		
10	O Contributor's employer/law firm  11 Law firm of contributor's sp			oous	se (if any)	
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	09/12/2024 Kaya, Gultekin  Contributor address; City; State; Zip Code			\$100.00		
		Round Rock, TX 78664				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Education			Director		
	Contributor's of Harmony PS	employer/law firm S		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	07/12/2024	Keith, Barry	U dat of state 1 Ae (IB#.	)		\$52.05
Contributor address; City; State; Zip Code						
	Contributor's	Leander, TX 78641 Principal Occupation		Contributor's Job Title		
	Retired	-ппсіраї Оссираціон		Retired		
Н	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor i	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/16 Rpt: 13/34	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Messinger, 3	John R. (Mr.)				00087578	
4	Date	5 Full name of contributor	out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	09/11/2024					\$500.00	
		6 Contributor address; City;	State; Zip Code				
		Kempner, TX 76539					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spous	se (if any)	
12	2 If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#	. )	T	Amount of Contribution (\$)	
	08/02/2024	Mazeika, Anthony	Unit-of-state 1 AC (ID#	·		7 intourit of Contribution (ψ)	\$104.10
	Contributor address; City; State; Zip Code					410 1110	
		Commodor address, City,	State, Zip Code				
		Gilbert, AZ 85297					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Parking tech			Implementation manag	ger		
	Contributor's	employer/law firm		Law firm of contributor's s	spous	se (if any)	
	IPS Group, I	nc.					
	If contributor i	s a child, law firm of parent(s) (	if any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	09/12/2024	Orhan, Necip	<del>_</del>				\$100.00
		Contributor address; City;	State; Zip Code		"		
		Austin, TX 78717					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Community	Leader		Community Leader			
	Contributor's	employer/law firm		Law firm of contributor's s	spous	se (if any)	
	Dialogue Ins	titute Austin					
	If contributor i	s a child, law firm of parent(s) (	if any)				
l							

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/16 Rpt: 14/34
2	FILER NAME Messinger, 3	John R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087578
4	Date 07/26/2024	<ul><li>5 Full name of contributor Puryear, David</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$156.15
		Driftwood, TX 78619				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Rancher			Rancher		
10	Contributor's e Self-employe	employer/law firm ed		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	07/12/2024	Putnam, Terrill  Contributor address; City;	<u> </u>			\$1,000.00
		Georgetown, TX 78633				
		Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:		_	Amount of Contribution (\$)
	08/01/2024	Raulie, Karen	U out-of-state PAC (ID#.	)		\$260.25
		Contributor address; City;  Buda, TX 78610	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Minister			Minister		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hillcrest Chu	ırch				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 11/16 Rpt: 15/34
2	FILER NAME Messinger, 3	John R. (Mr.)			1	Filer ID (Ethics Commission Filers) 00087578
4	Date 09/19/2024	<ul><li>5 Full name of contributor Republican Party of Tex</li><li>6 Contributor address; City;</li></ul>			7	Amount of Contribution (\$) \$2,500.00
		Austin, TX 78701				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/10/2024	San Angelo Republican  Contributor address; City;				\$400.00
	0	San Angelo, TX 76906		I a		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	07/22/2024	Shaw, Stuart				\$520.51
		Contributor address; City;  Austin, TX 78735	State; Zip Code			
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Real estate	developer		CEO		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	Bonner Carr	ington				
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 12/16 Rpt: 16/34
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Messinger, 3	John R. (Mr.)			00087578
4	Date 08/03/2024	5 Full name of contributor Smith, John	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$) \$260.25
		6 Contributor address; City;	State; Zip Code		
		Cedar Park, TX 78613			
8	Contributor's I Retired	Principal Occupation		9 Contributor's Job Title Retired	
10	Contributor's e	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)		
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/07/2024	Southwell, Sheryl			\$104.10
		Contributor address; City;	State; Zip Code		··· <mark> </mark>
		Pflugerville, TX 78660		-	
		Principal Occupation		Contributor's Job Title	
	Retired			Retired	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Retired	a a shile! lave firms of marrows(a) (i	£ 2.0.1		
	if contributor i	s a child, law firm of parent(s) (i	rany)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/20/2024	Southwell, Steve			\$104.10
		Contributor address; City;			
		Pflugerville, TX 78660			
	Contributor's I	Principal Occupation		Contributor's Job Title	
	IT	molpai Goodpailon		Desktop support	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	LCRA				
	If contributor i	s a child, law firm of parent(s) (i	f any)	1	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/16 Rpt: 17/34
2	FILER NAME Messinger, 3	John R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087578
4	Date 07/09/2024	<ul><li>5 Full name of contributor</li><li>Van Vlack, Robert</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$520.51
		Georgetown, TX 78633				
8		Principal Occupation		9 Contributor's Job Title		
10	Retired	employer/law firm		Retired	2011	co (if any)
10	Retired	employer/iaw iiim		11 Law firm of contributor's sp	Jou	se (II ariy)
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	07/01/2024	Wallace, Lee Contributor address; City;	State; Zip Code			\$100.00
		Pflugerville, TX 78660				
	Contributor's I Retired	Principal Occupation		Contributor's Job Title Retired		
		employer/law firm		Law firm of contributor's sp	2011	se (if any)
	Retired	omployomaw iiiii		Law mm or contributor 5 of	Jou.	oo (ii aiiy)
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/13/2024	Wallace, Lee				\$100.00
		Contributor address; City; Pflugerville, TX 78660				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Retired			Retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/16 Rpt: 18/34
2	FILER NAME Messinger, 3	John R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087578
4	Date 07/14/2024	<ul><li>5 Full name of contributor Willoughby, Raymond</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$52.05
		Georgetown, TX 78633				
8		Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	I .		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/16/2024	Wilson, Margaret  Contributor address; City;	State; Zip Code			\$104.10
		Austin, TX 78704		1		
	Contributor's Retired	Principal Occupation		Contributor's Job Title Retired		
_		employer/law firm		Law firm of contributor's sp	20116	ea (if any)
	Retired	employer/law lilli		Law iiiiii oi contributoi 3 3	pous	c (ii arry)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	07/25/2024	Wuthnow, Mark	_			\$104.10
		Contributor address; City;  Austin, TX 78759	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u>'                                    </u>	
	Retired			Retired		
		employer/law firm		Law firm of contributor's sp	pous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A(J)1: Sch: 15/16 Rpt: 19/34
2	FILER NAME Messinger,	John R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087578
4	Date 07/06/2024	Full name of contributor	AC (ID#:)	7 Amount of Contribution (\$) \$26.03
		Van Alstyne, TX 75495		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Pastor		Pastor	
10	Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
	Church plan	t		
12	If contributor	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor out-of-state PA	AC (ID#: )	Amount of Contribution (\$)
	08/06/2024	Yates, Jonathan		\$26.03
		Contributor address; City; State; Zip Code		
		Contributor data.coc, city, citate, 2.p code		
		Van Alstyne, TX 75495		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Pastor	- micipal Occupation	Pastor	
		employer/law firm	Law firm of contributor's	chauca (if any)
	Church plan	, ,	Law IIIII of Contributor 5	spouse (ii arry)
		s a child, law firm of parent(s) (if any)		
	ii contributor	s a criliu, law liffii of parefli(s) (ii arry)		
	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
	09/06/2024	Yates, Jonathan		\$26.03
		Contributor address; City; State; Zip Code		
		Van Alstyne, TX 75495		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Pastor		Pastor	
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	Church plan	t		
	If contributor	s a child, law firm of parent(s) (if any)	<b>-</b>	

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 16/16 Rpt: 20/34
			3 Filer ID (Ethics Commission Filers) 00087578
Date 08/10/2024	Yeary, Suzie  6 Contributor address; City; State; Zip Code	:)	7 Amount of Contribution (\$) \$52.05
		9 Contributor's Job Title	
Contributor's	• •	11 Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/05/2024	Zinn, Steven  Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$260.25
	West Lake Hills, TX 78746	1	
Retired	Principal Occupation	Retired	
Retired		Law firm of contributor's sp	pouse (if any)
	The Instru FILER NAME Messinger, 3 Date 08/10/2024  Contributor's 6 Kinder Haus If contributor i  Date 09/05/2024  Contributor's 6 Retired Contributor's 6 Retired	The Instruction Guide explains how to complete this  FILER NAME  Messinger, John R. (Mr.)  Date  08/10/2024  5 Full name of contributor out-of-state PAC (ID# Yeary, Suzie)  6 Contributor address; City; State; Zip Code  Wimberly, TX 78676  Contributor's Principal Occupation  Doctor  Contributor's employer/law firm  Kinder Haus  If contributor is a child, law firm of parent(s) (if any)  Date  09/05/2024  Full name of contributor out-of-state PAC (ID# Zinn, Steven)  Contributor address; City; State; Zip Code  West Lake Hills, TX 78746  Contributor's Principal Occupation  Retired  Contributor's employer/law firm	Messinger, John R. (Mr.)  Date   5 Full name of contributor   out-of-state PAC (ID#:

PLEDG	ED CONTRIBUTIONS (JUDICIA	AL)		SCHED	ULE B(J)
The	Instruction Guide explains how to comple	te this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Messinger,	: John R. (Mr.)		3 Filer ID (	Ethics Commissio	n Filers)
4 TOTAL OF	UNITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:_  7 Pledgor Address; City; State; Zip (	Code	8 Amount of pledge (\$)	9 In-kind (If ap	description plicable)
			Check if travel	ı outside of Texas.	Complete Schedule T.
10 Pledgor's prir	ncipal occupation	11 Pledgor's job title	•		
12 Pledgor's em	ployer/law firm	13 Law firm of pledgor	's spouse (if any)		
<b>14</b> If pledgor is a	a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHE	OULE E	(J)
	The Instruction	on Guide explains how to complete this	form.			iges Schedule 1 Rpt: 22/34		
2	FILER NAME Messinger, John	n R. (Mr.)			Filer ID	(Ethics Cor	nmission Fi	lers)
4	TOTAL OF UN	IITEMIZED LOANS		1		\$		0.00
5	Date of loan	7 Name of lender out-of-state P	AC (ID#:		)	9 Loan Am	nount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest		
						<b>11</b> Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	. <b>L</b>					
17	7 Description of Coll	ateral	18 Check if personal funds w	ere d	leposited		account tructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount	Guaranteed	d (\$)
23	not applicable  not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code  24 Guarantor's Job Title					
25	<b>5</b> Guarantor's Emplo	over/Law Eirm	<b>26</b> Law Firm of guarantor's sp	201184	a (if any)			
					- ( a)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense 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

	Candidate/Officenoider/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: 1/11 Rpt: 23/34	Messinger, John R. (Mr.) 00087578
4	Date	5 Payee name
	09/19/2024	Dirt Cheap Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$912.01	6706 Lohman Ford Rd
		Lago Vista, TX 78645
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Yard signs
		Tala digital
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/23/2024	Minuteman Press
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.12	19832 Panther Dr Ste 201
		Pflugerville, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Letters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/13/2024	Minuteman Press
	Amount (\$)	Payee address; City; State; Zip Code
	\$218.09	19832 Panther Dr Ste 201
		Pflugerville, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Push cards
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Fees
Fees
Feod/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	
_	Total manna Calcadala 54	· · · · · · · · · · · · · · · · · · ·
1		
	Sch: 2/11 Rpt: 24/34	Messinger, John R. (Mr.) 00087578
4	Date	5 Payee name
	08/27/2024	Minuteman Press
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$712.56	19832 Panther Dr Ste 201
		Pflugerville, TX 78660
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Push cards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
F	Date	Payee name
	09/10/2024	Minuteman Press
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,424.59	19832 Panther Dr Ste 201
	<del>+</del> -, <del>.</del>	
		Dfluganilla TV 79660
		Pflugerville, TX 78660
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Push cards
		T ush calus
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name  Minuteman Proce
	09/13/2024	Minuteman Press
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,472.35	19832 Panther Dr Ste 201
		Pflugerville, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Push cards
	Operation ONE VIII II	Our Highest (Office health an array of the country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farmana to bonont of 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)

Minuteman Press  6 Amount (\$) 7 Payee address; City; State; Zip Code \$2,181.40 Pflugerville, TX 78660  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push cards
4 Date 09/20/2024 5 Payee name Minuteman Press 6 Amount (\$) \$2,181.40 7 Payee address; City; State; Zip Code \$2,181.40 Pflugerville, TX 78660  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push cards  9 Complete ONLY if direct expenditure to benefit C/OH Date 08/01/2024 Vistago Print Amount (\$) Payee address; City; State; Zip Code
Minuteman Press  Amount (\$)
6 Amount (\$) \$2,181.40 7 Payee address; City; State; Zip Code  \$2,181.40 7 Payee address; City; State; Zip Code  ### Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Printing Expense    Candidate/Officeholder name of the expenditure to benefit C/OH    Date ONLY if direct expenditure to benefit C/OH    Date O8/01/2024   Payee name Vistago Print    Amount (\$) Payee address; City; State; Zip Code
\$2,181.40   19832 Panther Dr Ste 201  Pflugerville, TX 78660  8 PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule) Printing Expense   (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push cards  9 Complete ONLY if direct expenditure to benefit C/OH
Pflugerville, TX 78660  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push cards  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Vistago Print  Amount (\$) Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push cards  Office sought  Date ONLY if direct expenditure to benefit C/OH  Date ONLY if
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push cards  Office sought  Date ONLY if direct expenditure to benefit C/OH  Date ONLY if
Printing Expense  Printing Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Push cards  Office sought  Date 08/01/2024  Payee name Vistago Print  Amount (\$)  Payee address; City; State; Zip Code
Printing Expense  Printing Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push cards  Complete ONLY if direct expenditure to benefit C/OH  Date O8/01/2024  Payee name Vistago Print  Amount (\$)  Payee address; City; State; Zip Code
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Vistago Print  Amount (\$) Payee address; City; State; Zip Code
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 08/01/2024  Amount (\$) Payee address; City; State; Zip Code
Date Payee name 08/01/2024 Vistago Print Amount (\$) Payee address; City; State; Zip Code
Date Payee name 08/01/2024 Vistago Print Amount (\$) Payee address; City; State; Zip Code
08/01/2024 Vistago Print  Amount (\$) Payee address; City; State; Zip Code
08/01/2024 Vistago Print  Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code
\$1,704.94 6706 Lohman Ford Rd
Lago Vista, TX 78645
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF Printing Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense  Yard signs
Tara Signo
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Pavee name
Date Payee name 08/12/2024 Vistago Print
-
Amount (\$) Payee address; City; State; Zip Code \$1,704.94 6706 Lohman Ford Rd
\$1,704.34 0700 Edilinani dia Na
Logo Vieto TV 7064F
Lago Vista, TX 78645
PURPOSE OF OF (a) Category (See Categories listed at the top of this schedule) OF OF Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE  Printing Expense    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense
Yard signs
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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
Legal Services Salaries/Wages/Contract Labor

	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: 4/11 Rpt: 26/34	Messinger, John R. (Mr.) 00087578
4	Date	5 Payee name
	07/01/2024	WinRed Technical Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.82	1776 Wilson Blvd, Suite 305
		Arlington, VA 22209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online donation processing.
		Chimic donation processing.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/08/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1776 Wilson Blvd, Suite 305
	******	
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online donation processing.
	Commission ONLL V if alignet	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Data	
	Date 07/10/2024	Payee name WinRed Technical Services LLC
	Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 Wilson Blvd, Suite 305
	φ20.51	1770 Wilson Bivu, Suite 305
		Adjusted VA 22200
	DUDDOOF	Arlington, VA 22209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online donation processing.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	1

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide explain		/ages	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	Ξ				3	Filer ID	(Ethics Commission Filers	s)
	Sch: 5/11 Rpt: 27/34	Messinger,	John R. (Mr.)					00087578		
4	Date	5 Payee name								
	07/14/2024	WinRed Te	chnical Services LLC							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; Sta	te; Zip Co	de					
	\$2.05	1776 Wilso	n Blvd, Suite 305							
		Arlington, \	/A 22209							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<u> </u>		de of Texas. Comp		
						Online donati		officeholder living	expense	
						Ornine doriali	011	processing.		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI				<b>J</b>					
	Date	Payee name								
	07/15/2024	WinRed Te	chnical Services LLC							
	Amount (\$)	Payee addre	ss; City; Sta	te; Zip Co	de					
	\$2.05	1776 Wilso	n Blvd, Suite 305							
		Arlington, \	/A 22209							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Fees				<b></b>		de of Texas. Comp officeholder living		
						Online donati			ехрепзе	
						Ormito dorida	0	processing.		
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Η								
	Date	Payee name								
	07/23/2024	WinRed Te	chnical Services LLC							
	Amount (\$)	Payee addre	•	te; Zip Co	de					
	\$20.51	1776 Wilso	n Blvd, Suite 305							
		Arlington, \	/A 22209							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Fees				ᅟ		de of Texas. Comp officeholder living		
						Online donati		-	expense	
						Ormic donati	J11	processing.		
-	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ıld	
	expenditure to benefit C/O			J0 00u	J •			200 110		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Conditate/Officeholder/Poli 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	
_	Tatal as a constitute E4.	,
1	1 0	
	Sch: 6/11 Rpt: 28/34	Messinger, John R. (Mr.) 00087578
4	Date	5 Payee name
	07/27/2024	WinRed Technical Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd, Suite 305
	*	
		Aulinaton MA 22200
		Arlington, VA 22209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online donation processing.
		Offiline donation processing.
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/28/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.15	1776 Wilson Blvd, Suite 305
		Arlington, VA 22209
_	DUDDOOF	
	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	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Online donation processing.
		3
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	08/03/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.25	1776 Wilson Blvd, Suite 305
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online donation processing.
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 7/11 Rpt: 29/34	Messinger, John R. (Mr.) 00087578
4	Date	5 Payee name
	08/05/2024	WinRed Technical Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.70	1776 Wilson Blvd, Suite 305
		Arlington, VA 22209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online donation processing.
		Crimic doridatori processing.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
	Date	Payee name
	08/07/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	1776 Wilson Blvd, Suite 305
	Ψ1.00	1110 Wilson Biva, Gaile Goo
		Arlington, VA 22209
	PURPOSE	-
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online donation processing.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	08/08/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd, Suite 305
		Arlington, VA 22209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online donation processing.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	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		Gif Leç	od/Beverage Expens t/Awards/Memorials gal Services ne Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(Ethics Commission Filers)	
L	Sch: 8/11 Rpt: 30/34	Mes	singer, Jo	hn R. (Mr.)						00087578		
4	Date	<b>5</b> Paye	e name									
	08/12/2024	Winf	Red Techi	nical Services	LLC							
6	Amount (\$)	<b>7</b> Paye	e address;	City;	State;	Zip Co	ode					
	\$27.83	1776	Wilson E	Slvd, Suite 305	5							
		Arlin	gton, VA	22209								
8	PURPOSE	(a) Cate	gory (See C	ategories listed at th	ne top of this sch	edule)	(b)	Description				_
	OF EXPENDITURE	Fees						<b>=</b>			nplete Schedule T.	
								Online donati		officeholder living		
								Jimie uonau	1011	processing.		
9	Complete ONLY if direct	Candid	late/Officel	nolder name		Office sou	laht			Office h	eld	_
	expenditure to benefit C/O		acte/Officer	ioluci name			agrit			Onice III	Ciu	
	Date	1	e name									
	08/21/2024	Winf	Red Techi	nical Services	LLC							
	Amount (\$)	Paye	e address;	City;	State;	Zip Co	ode					
	\$10.25	1776	Wilson E	Slvd, Suite 305	5							
		Arlin	gton, VA	22209								
	PURPOSE	(a) Cate	gory (See C	Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Fees						<b>—</b>			nplete Schedule T.	
								Online donati		officeholder living		
								Ornine donati	1011	processing.		
	Complete ONLY if direct	Candid	late/Officel	nolder name		Office sou	laht			Office h	eld	_
	expenditure to benefit C/O		acci Onicei	iolaci riallic		,,,,oc 30u	agi it			Omice III	oiu .	
-	Date	D	o name									4
	08/24/2024	,	e name Red Techi	nical Services	LLC							
						Zin Co	ndo					4
	Amount (\$) \$4.10	1	e address;	City; Slvd, Suite 305		Zip Co	Jue					
	Ф4.10	1//0	VVIISUII E	oivu, Suite 305	J							
		Arlin	gton, VA	22209								
	PURPOSE	(a) Cate	gory (See C	ategories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Fees	;					ш			nplete Schedule T.	
								Online donati		officeholder living		
								Crimic donati	.011	processing.		
	Complete ONLY if direct	Candir	late/Officel	nolder name		Office sou	laht			Office h	eld	-
	expenditure to benefit C/O			.o.doi namo		500	-9·11			Omoc II		
												4

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services  The Instruction G	•		ages/	Contract Labor		Travel Out of D OTHER (enter	District a category not listed above)
Ļ		١.	EII ED:		uide expiaiils	11044 10 001	iihie	ic ans ioni.	_	E1 15	(Ethio O
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
	Sch: 9/11 Rpt: 31/34	L	Messinger,	John R. (Mr.)						00087578	
4	Date	5	Payee name								
	09/02/2024		WinRed Te	chnical Services	s LLC						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$10.25		1776 Wilson	n Blvd, Suite 30	5						
			Arlington, V	A 22209							
8	PURPOSE	(2)				I	(h)	Docorintica			
0	OF	<sup>(a)</sup>	,	ee Categories listed at t	he top of this sch	nedule)	(D)	Description  Check if travel of	outsi	de of Texas, Cor	mplete Schedule T.
	EXPENDITURE		Fees					<u> </u>		officeholder livir	
								Online donati			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld
	expenditure to benefit C/O	Н				·					
H	Date		Payee name								
	09/07/2024		•	chnical Services	LLC						
$\vdash$	Amount (\$)	$\vdash$	Payee addre	ss; City;	State	; Zip Co	de				
	\$14.35		•	n Blvd, Suite 30		, _,p 001					
	Ψ14.55		TITO VVIISUI	i Diva, Juite 30	•						
			Audio art a series	A 00000							
			Arlington, V	A 22209		-					
	PURPOSE OF	(a)	•	ee Categories listed at t	he top of this sch	nedule)	(b)	Description		d- 4T- C	ovelete Cabadula T
	EXPENDITURE		Fees					<b></b>		de of Texas. Cor officeholder livir	mplete Schedule T.
								Online donati			
								Crimio donati	J11	p. 000001119	<del>,</del>
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(	Office sou	thr			Office h	neld
	expenditure to benefit C/O		Janaidato/OIII	Sonoidor name		zoc 30u(	9.11			Office I	
$\vdash$	Data		D								
	Date		Payee name	obnical Camila-							
	09/09/2024			chnical Services							
	Amount (\$)		Payee addre			; Zip Co	de				
	\$1.03		1776 Wilson	n Blvd, Suite 30	5						
			Arlington, V	A 22209							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees	-	•	•		ш			mplete Schedule T.
	LAFLINDITORE							ш		officeholder livir	
								Online donati	on	processing	J.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld
	experience to benefit C/Of										

#### SCHEDULE F1

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

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

Fees
Feod/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: 10/11 Rpt: 32/34	Messinger, John R. (Mr.) 00087578
4	Date	5 Payee name
	09/15/2024	WinRed Technical Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.13	1776 Wilson Blvd, Suite 305
		Arlington, VA 22209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online donation processing.
		Chimic deflation proceeding.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	09/17/2024	WinRed Technical Services LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd, Suite 305
	Ψ4.10	1770 Wilson Biva, Juite 303
		Aulinaton IVA 22200
		Arlington, VA 22209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online donation processing.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
F	Date	Payee name
	09/22/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd, Suite 305
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online donation processing.
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
1		

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

09/23/2024 WinRed Technical Services LLC  6 Amount (\$)  7 Payee address; City; State; Zip Code  1776 Wilson Blvd, Suite 305  Arlington, VA 22209  8 PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description
Sch: 11/11 Rpt: 33/34 Messinger, John R. (Mr.)  4 Date
4 Date 09/23/2024  5 Payee name WinRed Technical Services LLC  6 Amount (\$)  7 Payee address; City; State; Zip Code 1776 Wilson Blvd, Suite 305  Arlington, VA 22209  8 PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description
09/23/2024 WinRed Technical Services LLC  6 Amount (\$)  7 Payee address; City; State; Zip Code  \$4.10  4.10  Arlington, VA 22209  8 PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description
\$4.10 1776 Wilson Blvd, Suite 305  Arlington, VA 22209  8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online donation processing.
9 Complete ONLY if direct Candidate/Officeholder name office sought expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 34/34 Messinger, John R. (Mr.) 00087578 Date Payee name 09/26/2024 Messinger, John 6 Amount (\$) Payee address; City; State; Zip Code 508 Bellaire Oaks Dr \$1,314.50 Reimbursement from political contributions intended Х Pflugerville, TX 78660 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** 2,629 miles at \$.50/mile. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH