CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	is form. 1 Filer ID (Ethics Commis) 00035962		 Total pages filed 129 	
3 CANDIDATE /	MS/MRS/MR FIRS		MI		
OFFICEHOLDER			1411	OFFICE US	SE ONLY
NAME	The Honorable Rob	ert Lee		Date Received	
				ELECTRONICAL	I Y FII FD
				01/15/2025	
	NICKNAME LAS		SUFFIX	01/15/2025	
	Nich	nols			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	FE #; CITY;	ZIP CODE	Date Hand-delivered or D	ate Postmarked
OFFICEHOLDER		i	211 0002		
MAILING	P.O. Box 2347			Receipt #	Amount
ADDRESS				Receipt #	Amount
Change of Address	Jacksonville, TX 75766				
				Date Processed	
				Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRS	Т	MI		
TREASURER	Mrs. Marc	ia			
NAME					
	NICKNAME LAST	Ē	SUFFIX		
	Dau	ghtrey			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	ρι εδςε). Δρτ	/ SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER		r LLASL), AFI	/ SONE #, CITT,	SIAI	L, ZIF CODE
ADDRESS	6713 Hollytree Cr.				
(Residence or Business)					
	Tyler, TX 75703				
7 CAMPAIGN	AREA CODE PHONE NU	MBER EXTENSION			
TREASURER	(903) 586-0637				
PHONE					
8 REPORT TYPE		4h day bafana alaakian 🗖	D	1 454 444 444 444 444	
	X January 15 30	th day before election	Runoff	15th day after camp appointment (officel	holder only)
	July 15 8th	a day before election	Exceeded modified	Final Report (Attach	
			reporting limit		
	Marstle David M		Marth		
9 PERIOD COVERED	Month Day Year		Month Day	Year	
COVERED	07/01/2024	THROUGH	12/31/2024	1	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary	Runoff	Other	
	11/05/2024				
		X General	Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)	
	State Senator District 3		State Senator Dis	strict 3	
		GO TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	6	Version	V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 129

13 C / OH NAME	Nichols, Robert Lee (The Honorable)	14 Filer ID (E 00035962	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 429,680.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 2,431.25
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 206,039.05
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 2,698,766.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Honora	able Robert Lee Nicho	bls
		Signature of	Candidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	;;	
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	V	ersion V4.1.0.5dd2ace2

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 129 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Nichols, Robert Lee (The Honorable) 00035962 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 429,680.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 204,239.05 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ Х SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 1,800.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 3,158.03 TO FILER

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/45 Rpt: 4/129	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Nichols, Rob	pert Lee (The Honorable)		00035962	
4 Date 12/11/2024	5 Full name of contributor X out-of-state PAC (ID#: 3M PAC	<u> </u>	7 Amount of Contribution (\$)	\$1,000.00
 , _ _, _ , _ , _ , _ , _ , _ , _ , _ , _ ,	6 Contributor address; City; State; Zip Code			+=,•
	St Paul, MN 55144			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/02/2024	ACT for TX Classroom Teachers Assn.			\$2,000.00
	Contributor address; City; State; Zip Code Ausin, TX 78767			
Dringing occu		Employer (See Instructions)	<u> </u>	
РПпсіраї осси	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/21/2024	AT&T Texas PAC			\$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor X out-of-state PAC (ID#:	C00040279)	Amount of Contribution (\$)	
12/05/2024	Abbott Laboratories Empl PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
I	Abbott Park, IL 60064			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor X out-of-state PAC (ID#: C	C00536573)	Amount of Contribution (\$)	
12/14/2024	Abbvie PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	North Chicago, IL 60064			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
		<u> </u>		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/45 Rpt: 5/129	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
	Nichols, Rob	pert Lee (The Honorable)			00035962	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Adams, C. Dan				\$5,000.00
	1	6 Contributor address; City; State; Zip Code				
		1				
		Greenville, SC 29615				
8			9 Employer (See Instructions) The Capital Corporation			
	Pres & CEO		The Capital Corporation	_		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>) (00691634)		Amount of Contribution (\$)	_
	12/05/2024	Advanced Drainage Systems Inc. PAC				\$10,000.00
		Contributor address; City; State; Zip Code				
		1				
		Lilliard OL 12026				
┝──	Dringinal occu	Hilliard, OH 43026 Ipation / Job title (See Instructions)	Employor (Soo Instructions			
	Fillupai occu		Employer (See Instructions))		
╞═	Date	Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	Dale 09/19/2024	Full name of contributor out-of-state PAC (ID#: Aguirre & Fields LP PAC	/			\$250.00
	031131202 .	Contributor address; City; State; Zip Code				Ψ200.00
		Continuation address, City, State, Zip Code				
		1				
		SugarLand, TX 77479				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Ahlberg, Trevor (Mr.)				\$5,000.00
	I	Contributor address; City; State; Zip Code				
		1				
		1				
L		Irving, TX 75038				
		pation / Job title (See Instructions)	Employer (See Instructions))		
L	President	<u>_</u>	Cottonwood Fin.	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷
	12/05/2024	Allen, Boone, Humphries, Robinson LLP				\$2,500.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77027				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	.)		
	T mopa oosa)		
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1						

The Instruct	tion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/45 Rpt: 6/129	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Nichols, Robe	ert Lee (The Honorable)			00035962	-
4 Date 5	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
11/21/2024	Amato, Charles E. (Mr.)				\$1,000.00
Ĩ	6 Contributor address; City; State; Zip Code				
	San Antonio, TX 78216				
Principal occup		9 Employer (See Instructions	<u> </u> יו		
Chairman		SWBC	<i></i>		
Date	Full name of contributor X out-of-state PAC (ID#: C			Amount of Contribution (\$)	
12/05/2024	American Property Casualty Ins Assn PAC				\$1,000.00
	Contributor address; City; State; Zip Code				
	Chicago, IL 60631				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)		
			',		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/03/2024	Ancira, April (Ms.)				\$1,000.00
	Contributor address; City; State; Zip Code				
Driveringel agenus	Boerne, TX 78015		Ĺ		
Principal occupa Vice Presiden	pation / Job title (See Instructions)	Employer (See Instructions Ancira Enterprises Inc.	5)		
		· · · · · · · · · · · · · · · · · · ·	1		
Date	Full name of contributor X out-of-state PAC (ID#: C) (200390963		Amount of Contribution (\$)	ቀን ደብብ በብ
12/11/2024	Ardent Health Services LLC				\$2,500.00
	Contributor address; City; State; Zip Code				
	Brentwood, TN 37027				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	. ;)		
Date	Full name of contributor X out-of-state PAC (ID#: C	00060103		Amount of Contribution (\$)	
12/05/2024	BP North America Employee PAC				\$1,000.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77079				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	· · · ·		,		

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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/45 Rpt: 7/129	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		pert Lee (The Honorable)				00035962	лт но.о,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/22/2024	Beef - PAC					\$1,000.00
		6 Contributor address; City; Sta	tate; Zip Code				
		Amarillo, TX 79106					
8	Principal occu	upation / Job title (See Instructions))	9 Employer (See Instructions)	;)		
			!				
_	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/05/2024	Beer Allicance of Texas P	-				\$1,500.00
		Contributor address; City; Sta					
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions))	Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Blakemore Public Affairs P	-				\$5,000.00
		Contributor address; City; Sta					
		Austin, TX 78701]			
	Principal occu	upation / Job title (See Instructions))	Employer (See Instructions)	;)		
]	<u> </u>	—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/18/2024	Boating Trades Assn of Me					\$500.00
		Contributor address; City; Sta					
		Houston TV 77054					
-	Dringingl occu	Houston, TX 77054		Employer (Soo Instructions	$\sum_{i=1}^{n}$		
	Ρπιτισμαί στου	upation / Job title (See Instructions)	, 1	Employer (See Instructions)	ŋ		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	-	Amount of Contribution (\$)	
	12/03/2024	Bracewell PAC		/			\$1,000.00
		Contributor address; City; Sta	toto: Zin Codo				Ψ1,000.00
			ale; zip code				
		Houston, TX 77002					
	Principal occu	I upation / Job title (See Instructions)	;)	Employer (See Instructions)	上 5)		
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	truction Guide explains how	ı to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/45 Rpt: 8/129	
2 FILER N/	ME			3	Filer ID (Ethics Commissio	on Filers)
Nichols,	Robert Lee (The Honorable)				00035962	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
11/14/20	24 Brymer, Scott (Mr.)	—				\$5,000.00
	6 Contributor address; City; St	tate; Zip Code				
	Daniel Island, SC 29492					
	occupation / Job title (See Instructions	\$)	9 Employer (See Instructions	5)		
Real Est	ate Investor		Self			
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/19/20	24 Burns & McDonnell TX PA	4C				\$500.00
	Contributor address; City; St	tate; Zip Code				
	Houston, TX 77024	-				
Principal	occupation / Job title (See Instructions	;) ;)	Employer (See Instructions	5)		
				-		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/01/20						\$2,000.00
	Contributor address; City; St	tate; Zip Code				
	Puck TX 75785					
Principal	Rusk, TX 75785	<u>.</u>	Employer (See Instructions	 		
	Rusk, TX 75785	;)	Employer (See Instructions	5)		
Retired	Deccupation / Job title (See Instructions		Employer (See Instructions Retired	5)	Arrount of Contribution (C)	
Retired Date	Full name of contributor	S)		;)	Amount of Contribution (\$)	\$250.00
Retired	Full name of contributor CDS Muery PAC	out-of-state PAC (ID#:_	Retired)	;)	Amount of Contribution (\$)	\$250.00
Retired Date	Full name of contributor CDS Muery PAC	out-of-state PAC (ID#:_	Retired)	3)	Amount of Contribution (\$)	\$250.00
Retired Date	Full name of contributor CDS Muery PAC	out-of-state PAC (ID#:_	Retired))	Amount of Contribution (\$)	\$250.00
Retired Date	Full name of contributor CDS Muery PAC	out-of-state PAC (ID#:_	Retired)	3)	Amount of Contribution (\$)	\$250.00
Retired Date 09/19/20	Full name of contributor 24 CDS Muery PAC Contributor address; City; St	out-of-state PAC (ID#:_	Retired)		Amount of Contribution (\$)	\$250.00
Retired Date 09/19/20	Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216	out-of-state PAC (ID#:_	Retired)		Amount of Contribution (\$)	\$250.00
Retired Date 09/19/20 Principal	Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Deccupation / Job title (See Instructions)	out-of-state PAC (ID#:_ tate; Zip Code	Retired)			\$250.00
Retired Date 09/19/20	Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Deccupation / Job title (See Instructions) Full name of contributor	out-of-state PAC (ID#:_	Retired)		Amount of Contribution (\$)	\$250.00
Retired Date 09/19/20 Principal Date	Full name of contributor 24 Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Doccupation / Job title (See Instructions Full name of contributor Calpine PAC	out-of-state PAC (ID#:	Retired)			
Retired Date 09/19/20 Principal Date	Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Deccupation / Job title (See Instructions) Full name of contributor	out-of-state PAC (ID#:	Retired)			
Retired Date 09/19/20 Principal Date	Full name of contributor 24 Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Doccupation / Job title (See Instructions Full name of contributor Calpine PAC	out-of-state PAC (ID#:	Retired)			
Retired Date 09/19/20 Principal Date	Full name of contributor 24 Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Doccupation / Job title (See Instructions Full name of contributor Calpine PAC	out-of-state PAC (ID#:	Retired)			
Retired Date 09/19/20 Principal Date 11/04/20	Full name of contributor 24 Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Deccupation / Job title (See Instructions 24 Full name of contributor Contributor address; City; St Deccupation / Job title (See Instructions Full name of contributor Calpine PAC Contributor address; City; St	out-of-state PAC (ID#:_ tate; Zip Code out-of-state PAC (ID#:_ out-of-state PAC (ID#:_ tate; Zip Code	Retired)			
Retired Date 09/19/20 Principal Date 11/04/20	Full name of contributor 24 Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Doccupation / Job title (See Instructions 24 Full name of contributor Contributor address; City; St San Antonio, TX 78216 Doccupation / Job title (See Instructions 24 Full name of contributor Calpine PAC Contributor address; City; St Houston, TX 77002	out-of-state PAC (ID#:_ tate; Zip Code out-of-state PAC (ID#:_ out-of-state PAC (ID#:_ tate; Zip Code	Retired) Employer (See Instructions)			
Retired Date 09/19/20 Principal Date 11/04/20	Full name of contributor 24 Full name of contributor 24 CDS Muery PAC Contributor address; City; St San Antonio, TX 78216 Doccupation / Job title (See Instructions 24 Full name of contributor Contributor address; City; St San Antonio, TX 78216 Doccupation / Job title (See Instructions 24 Full name of contributor Calpine PAC Contributor address; City; St Houston, TX 77002	out-of-state PAC (ID#:_ tate; Zip Code out-of-state PAC (ID#:_ out-of-state PAC (ID#:_ tate; Zip Code	Retired) Employer (See Instructions)			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Sch: 6/45 F		
2 FILER NAME Nichols, Rob	e bert Lee (The Honorable)		 Filer ID (Et 00035962 	hics Commissio	on Filers)
4 Date 12/09/2024			7 Amount of C	ontribution (\$)	\$1,500.00
	6 Contributor address; City; State; Zip Code				
	Irving, TX 75039				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of C	ontribution (\$)	
11/24/2024	Charter Communications Inc Texas PAC				\$5,000.00
	Contributor address; City; State; Zip Code				ſ
	Austin, TX 78701		-		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)		
Date	Full name of contributor X out-of-state PAC (ID#: C)	Amount of C	ontribution (\$)	
10/27/2024	Chevron Employees PAC				\$2,500.00
	Contributor address; City; State; Zip Code				
L	San Ramon, CA 94583				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	·)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of C	ontribution (\$)	
12/09/2024	Chevron Phillips Chemical State PAC				\$1,000.00
	Contributor address; City; State; Zip Code				
	The Woodlands, TX 77380				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)		
Date	Full name of contributor X out-of-state PAC (ID#: C))))))))))))))))))))	Amount of C	ontribution (\$)	
10/29/2024	Chubb Group Holdings, Inc PAC				\$500.00
	Contributor address; City; State; Zip Code				
	Phildelphia, PA 19106				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	i)		
	'				

	The Instru	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 7/45 Rpt: 10/129	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		pert Lee (The Honorable)				00035962	,
4	Date	5 Full name of contributor o	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Coats Rose PC					\$1,000.00
		6 Contributor address; City; State; Z	Zip Code				
		Houston, TX 77046					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date	Full name of contributor	put-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Cobb Fendley PAC					\$500.00
		Contributor address; City; State; Z	Zip Code				
		Veneter TV 77041					
	Principal occu	Houston, TX 77041		Employor (See Instructions	<u> </u>		
	Рппсіраї осси	pation / Job title (See Instructions)		Employer (See Instructions	9		
	Date	Full name of contributor X o	out-of-state PAC (ID#: <u>COC</u>)248716)		Amount of Contribution (\$)	
	12/05/2024	Comcast Corp & NBC Universa	al PAC				\$4,000.00
		Contributor address; City; State; Z	Zip Code				
		Philadelphia, PA 19103					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	·				,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Connor, Paul					\$2,500.00
		Contributor address; City; State; Z	Zip Code				
		Houston, TX 77063					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Liberty Dev.	,		Real Estate Developer	,		
	Date	Full name of contributor X o	ut-of-state PAC (ID#: <u>C00</u>)112896)		Amount of Contribution (\$)	
	12/05/2024	ConocoPhillips Spirit PAC					\$2,500.00
		Contributor address; City; State; Z	Zip Code				
		Bartlesville, OK 74004					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
		······································			,		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/45 Rpt: 11/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		ert Lee (The Honorable)			00035962	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/21/2024	Curbow, Kelly (Mr.)				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		San Marcos, TX 78666				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Exec Dir. Sta	ate Leg & Regulatory Affairs	AT&T Texas			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	DEC PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77046				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	·	, , , , ,				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/05/2024	Davis, Chester J. (Mr.)				\$3,000.00
		Buda, TX 78610				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ;)		
	Owner		American Fireworks	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	09/11/2024	De Loach, George (Mr.))			\$100.00
	03/11/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Livingston, TX 77351				
<u> </u>	Dringing age	-	Employer (Cap Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	Dete	Full name of contributor Out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#: Dow Inc. PAC)		Amount of Contribution (\$)	¢2 000 00
	10/04/2024					\$3,000.00
		Contributor address; City; State; Zip Code				
		Midland, MI 48874				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	ι πιοιραί υσου			<i>י</i> י		
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/45 Rpt: 12/129	
2 FILER NAME Nichols, Rob	pert Lee (The Honorable)		3 Filer ID (Ethics Commission 00035962	on Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/11/2024	El Paso Electric Co. Empl. PAC	_		\$2,000.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79960			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor X out-of-state PAC (ID#: C		Amount of Contribution (\$)	
09/26/2024	Employees of RTX Corp PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Arington, VA 22209			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/05/2024	Entergy Employees PAC			\$5,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor X out-of-state PAC (ID#: C		Amount of Contribution (\$)	
11/21/2024	Enterprise Holdings, Inc/Enterprise Mobility PAC	;		\$2,500.00
	Contributor address; City; State; Zip Code			
	St. Louis, MO 63105			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/05/2024	Enterprise Products Partners Texas PAC	,		\$2,000.00
	Contributor address; City; State; Zip Code			• ,
	Houston, TX 77002			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/45 Rpt: 13/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		ert Lee (The Honorable)		-	00035962	, , , , , , , , , , , , , , , , , , ,
4	Date	5 Full name of contributor X out-of-state PAC (ID#:	C00340455)	7	Amount of Contribution (\$)	
	12/05/2024	Essential Utilities Inc PAC				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Brun Mawr, PA 19010				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
_		······ ,				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	ExxonMobil PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
	Duin aire al la sacc	Irving, TX 75039	England (Or a la struction)	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Flatt, Darrell E. (Mr.)	,		()	\$250.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Foley & Lardner LLP Texas Campaign Fund				\$1,500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Freese & Nichols PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Fort Worth TX 76102				
	Dringing ogg	Fort Worth, TX 76102	Employer (See Instructions)	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
<u> </u>						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/45 Rpt: 14/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Nichols, Rob	pert Lee (The Honorable)			00035962	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/19/2024	Garrison, Michael H. (Mr.)				\$500.00
		6 Contributor address; City; State; Zip Code				
		Allen, TX 75013				
8			9 Employer (See Instructions	;)		
	N Texas Reg	gion Operations Leader	BGE Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/30/2024	Germania Farm Mutual PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Brenham, TX 77834				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Goering, Marcus (Mr.)				\$2,500.00
		Contributor address; City; State; Zip Code				
		Kingwood, TX 77339				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Manager		Liberty Dev Partners			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Golden Spread PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79105				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/01/2024	Good Government Fund				\$5,000.00
		Contributor address; City; State; Zip Code				
		Ft Worth, TX 76102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	上 5)		
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	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 12/45 Rpt: 15/129	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		ert Lee (The Honorable)			•	00035962	
4	Date	5 Full name of contributor 🗌 out	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/04/2024	Good Government Fund					\$5,000.00
		6 Contributor address; City; State; Zip					
		Ft Worth, TX 76102					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/22/2024	Gum, Terry (Mr.)					\$5.00
	Contributor address; City; State; Zip Code						
		Lufkin, TX 75903					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	HMWK LLC					\$500.00
		Contributor address; City; State; Zip					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor X out	-of-state PAC (ID#: <u>C</u>	.00389029)		Amount of Contribution (\$)	
	09/19/2024	HNTB Holdings Ltd. PAC					\$1,000.00
		Contributor address; City; State; Zip					
		Kansas City, MO 64105					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date		-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Haddican II, Gerald J. (Mr.)					\$250.00
		Contributor address; City; State; Zip	Code				
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/45 Rpt: 16/129	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		ert Lee (The Honorable)				00035962	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/05/2024	Hillco PAC					\$2,000.00
		6 Contributor address; City; St	tate; Zip Code				
•	Dringinglassy	Austin, TX 78701	<u>``</u>				
ð	Principal occu	pation / Job title (See Instructions	»)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/18/2024	Holcombe, T. Wayne (Mr.					\$250.00
		Contributor address; City; St					
		Cypress, TX 77433					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u> ວ		
	i incipal occu		"		''		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Houston Associated Gen					\$2,000.00
		Contributor address; City; St	tate; Zip Code				
	Deinsinglasse	Houston, TX 77092	<u>`</u>				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Houston Pilots PAC					\$2,500.00
		Contributor address; City; St	tate; Zip Code				
		Deer Park, TX 77536					
	Principal occu	pation / Job title (See Instructions	2)	Employer (See Instructions	 :)		
	r meipai occu		<i>י</i>		<i>•</i>)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Houston San Jacinto Ran	ch LLC				\$2,000.00
		Contributor address; City; St	tate; Zip Code				
		Llouoton TV 77057					
	Drineirel	Houston, TX 77057					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		

	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 14/45 Rpt: 17/129	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		pert Lee (The Honorable)				00035962	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	!:)	7	Amount of Contribution (\$)	
	12/13/2024	Hughey, Jr., Gaylord T. (Mr.)					\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Tyler, TX 75702					
8	Principal occu Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#)	<u> </u>	Amount of Contribution (\$)	
	09/19/2024	Full name of contributor out-of-state PAC (ID# Huitt-Zollars, Inc, TX PAC	·)		Amount of Contribution (\$)	\$500.00
	03/13/2024						Φ300.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75240					
⊢	Principal occu	pation / Job title (See Instructions)	-	Employer (See Instructions	<u> </u> י)		
	i incipai occu				"		
╞	Date	Full name of contributor out-of-state PAC (ID#)	 	Amount of Contribution (\$)	
	10/08/2024	Full name of contributor out-of-state PAC (ID# Hunt, Ray L. (Mr.)	·)		Amount of Contribution (\$)	\$5,000.00
	10/00/2024						φ3,000.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75201					
⊢	Princinal occu	pation / Job title (See Instructions)	-	Employer (See Instructions	<u> </u>		
	CEO			Hunt Consolidated	,		
╞					<u> </u>	Amount of Contribution (ft)	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	\$250.00
	09/19/2024						φ250.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77040					
⊢	Dringing ogg	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Fincipai occu)		
╞	Date	Full name of contributor out-of-state PAC (ID#			1	Amount of Contribution (\$)	
	12/05/2024		•				\$1,000.00
	12/03/2024						φ <u>1</u> ,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/45 Rpt: 18/129 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Nichols, Robert Lee (The Honorable) 00035962 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/05/2024 Independent Bankers Assn of TX PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2024 Independent Electricians of TX PAC Fund \$750.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/05/2024 Independent Insurance Agent of Texas PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/24/2024 JES Holdings LLC TX Development PAC \$2,500.00 Contributor address; City; State; Zip Code Columbia, MO 65203 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 12/05/2024 Jackson Walker LLP PAC \$1,500.00 Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
			Sch: 16/45 Rpt: 19/129
2 FILER NAME	ant Las (The Henerable)		3 Filer ID (Ethics Commission Filers)
	pert Lee (The Honorable)		00035962
4 Date 11/25/2024	5 Full name of contributor out-of-state PAC (ID#:))	7 Amount of Contribution (\$) \$5,000.00
11/20/2024	Jaffee, Jr., Morris D. (Mr.)		\$3,000.00
	6 Contributor address; City; State; Zip Code		
	Horseshoe Bay, TX 78657		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	\$)
CEO		Horseshoe Bay Resort	
Date)	Amount of Contribution (\$)
07/03/2024	Johnson, John (Mr.)		\$100.00
	Contributor address; City; State; Zip Code		1
	Beaumont, TX 77707		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	[
			"
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/03/2024	Johnson, John (Mr.)	,	\$100.00
	Contributor address; City; State; Zip Code		
	Beaumont, TX 77707		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
		<u> </u>	
Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:])	Amount of Contribution (\$) \$100.00
09/03/2024	Johnson, John (Mr.)		φτοι.ου
	Contributor address; City; State; Zip Code		
	Beaumont, TX 77707		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/03/2024	Johnson, John (Mr.)		\$100.00
	Contributor address; City; State; Zip Code		
	Beaumont, TX 77707		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 17/45 Rpt: 20/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		pert Lee (The Honorable)			00035962	Jii i iio.o,
4	Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7	Amount of Contribution (\$)	
	11/03/2024	Johnson, John (Mr.)				\$100.00
		6 Contributor address; City; State; Zip Code		·		
		Beaumont, TX 77707				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	12/03/2024	Johnson, John (Mr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
	D 1 stral and	Beaumont, TX 77707		Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)		
=				Т	Amount of Contribution (¢)	
	Date	—	D#:)		Amount of Contribution (\$)	ቀንደብ በበ
	09/19/2024	Jones, James C (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77057				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	·			-,		
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	12/05/2024	Junior & Community College PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
╘		<u> </u>				
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	12/05/2024	K & L Gates LLP				\$2,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
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				1	Total pages Schedule A1:	
The Instru	ction Guide explains how to com	plete this for	m.	-	Sch: 18/45 Rpt: 21/129	
2 FILER NAME				3	Filer ID (Ethics Commission	ו Filers)
Nichols, Rob	bert Lee (The Honorable)				00035962	
4 Date	5 Full name of contributor out-of-s	-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/19/2024						\$500.00
	6 Contributor address; City; State; Zip Co					
	San Antonio, TX 78248					
8 Principal occu	upation / Job title (See Instructions)	9	Employer (See Instructions)		
Date	Full name of contributor out-of-s	-state PAC (ID#:)		Amount of Contribution (\$)	
09/19/2024	Klaes, Brian (Mr.)					\$250.00
	Contributor address; City; State; Zip Co					
	El Paso, TX 79925					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
				_		
Date		-state PAC (ID#:)		Amount of Contribution (\$)	# 25 00
07/10/2024	Kuciemba, Rusty (Mr.)					\$25.00
	Contributor address; City; State; Zip Co	ode				
	Woodville, TX 75979					
Principal occı	upation / Job title (See Instructions)		Employer (See Instructions			
Date	Full name of contributor out-of-s	-state PAC (ID#:)		Amount of Contribution (\$)	
09/19/2024	Lamb, John M. (Mr.)					\$500.00
	Contributor address; City; State; Zip Co	ode				
	Plano, TX 75093					
-	upation / Job title (See Instructions)		Employer (See Instructions)		
Partner			Lamb Star Engineering			
Date		-state PAC (ID#:)		Amount of Contribution (\$)	
09/19/2024	LanPAC					\$500.00
	Contributor address; City; State; Zip Co	ode				
	Houston, TX 77042					
Princinal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
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	The Instrue	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 19/45 Rpt: 22/129	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Nichols, Rob	ert Lee (The Honorable)			00035962	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	12/13/2024	Linbarger Goggan Blair & Sampson LLP				\$1,500.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78760				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
╞	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	12/12/2024	Lloyd Gosselink Rochelle & Townsend PC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701	-			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	12/05/2024	Long, Wade C.				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78767	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Lobbyist		Self			
	Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	12/05/2024	Lumbermen's Assn of Texas PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	#1 000 00
	12/03/2024	Macon, Jane H. (Ms.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78205				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Attorney	אמוטה ליסטי נוויב (שבל ווושנוטנוטווש)	Bracewell & Giuliani	り		
⊢	Automey					

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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/45 Rpt: 23/129	
2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)
	- bert Lee (The Honorable)		00035962	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/03/2024				\$1,000.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78212			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	:)	
Attorney	,	Macon Law Firm	,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/16/2024				\$2,000.00
	Contributor address; City; State; Zip Code			
	Crockett, TX 75835			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Optometrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/19/2024	McCune, Andrew J. (Mr.)	······································		\$250.00
	Contributor address; City; State; Zip Code			
Principal occu	Ann Arbor, MI 48108 upation / Job title (See Instructions)	Employer (See Instructions		
i incipal occi				
Date	Full name of contributor X out-of-state PAC (ID#:	С00225342)	Amount of Contribution (\$)	
12/05/2024	McGuire Woods PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Richmond, VA 23219			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/05/2024				\$500.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77042			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Investor		Self		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/45 Rpt: 24/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		pert Lee (The Honorable)		-	00035962	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/19/2024	Miller, Jack (Mr.)				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77077				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	CEO		RG Miller			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Moak Casey PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/24/2024	NCHA's Texas Event PAC				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Ft. Worth, TX 76107				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	09/19/2024	Naiser, Derek E. (Mr.)				\$500.00
		Contributor address; City; State; Zip Code		1		
		Boerne, TX 78006				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Operations [Director	Ardurra Group, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Nall, Micheal (Mr.)				\$500.00
		Contributor address; City; State; Zip Code		1		
		Kingwood, TX 77345				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Investor		Self			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/45 Rpt: 25/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		pert Lee (The Honorable)		-	00035962	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	National Assn of Insurance and Financial Advis	sors Texas PAC			\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78746				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date	Full name of contributor X out-of-state PAC (ID#:	<u>C00170258</u>)		Amount of Contribution (\$)	
	10/16/2024	National Assn of Mutual Ins Co PAC				\$750.00
		Contributor address; City; State; Zip Code				
		Indianapolis, IN 46268				
_	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Pillupai occu	pallon / Job lille (See instructions))		
—	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/05/2024	North Texas Automoile Dealer PAC	/		Amount of Contribution (\$)	\$5,000.00
	12,00,202	Contributor address; City; State; Zip Code				φ0,000.01
		Irving, TX 75062				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Oncor Texas State PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75202	· · · · · · · · ·			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
			<u> </u>			
	Date	Full name of contributor X out-of-state PAC (ID#: C	<u>C00554444</u>)		Amount of Contribution (\$)	+750.00
	08/06/2024	One Gas, Inc, PAC				\$750.00
		Contributor address; City; State; Zip Code				
		Tulsa, OK 74103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	 ;)		
	·			,		
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	The Instru	ction Guide explains how to complete this fo	orm	1	Total pages Schedule A1:	
		· · ·		L	Sch: 23/45 Rpt: 26/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		bert Lee (The Honorable)		Ļ	00035962	
4		5 Full name of contributor I out-of-state PAC (ID#: C	.00215384)	7	Amount of Contribution (\$)	*=00.00
	12/03/2024	Oneok Employees PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		1				
		Tulsa, OK 74102				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>	.00553834)	Γ	Amount of Contribution (\$)	
	12/05/2024	Otsuka Amer Pharmaceutical Inc PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Rockville, MD 20850				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ו</u>		
	Timopa out			<i>y</i>		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>	200035519)	Γ	Amount of Contribution (\$)	
	10/08/2024	PNC PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		1				
	Dringingloog	Washington, DC 20006		Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
<u> </u>	Date	Full name of contributor out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	12/13/2024	Padadopoulos, Mary V. (Mrs.)	/		, and an e e e e e e e e e e e e e e e e e e	\$1,000.00
						•
		Houston, TX 77024]			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
╞				_		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Padfoot Alliance PAC)		Amount of Contribution (\$)	\$2,500.00
	12/12/2024					ΦΖ,300.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77024				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
				_		

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	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/45 Rpt: 27/129	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		pert Lee (The Honorable)				00035962	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/19/2024	Pape-Dawsom Engineers					\$500.00
		6 Contributor address; City; S	State; Zip Code				
			· •				
		San Antonio, TX 78213					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions	;)		
			,				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/24/2024	Pape-Dawson Engineers					\$2,500.00
		Contributor address; City; S					
		San Antonio, TX 78213					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	-	'	1				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/21/2024	Pape-Dawson Engineers					\$1,000.00
		Contributor address; City; S					• •
		San Antonio, TX 78213					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
			,				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	ParkHill PAC					\$500.00
l		Contributor address; City; S	state: Zin Code				
			uuto, <u></u> p C				
		Lubbock, TX 79423					
	Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
			,				
	Date	Full name of contributor	X out-of-state PAC (ID#: (C00103549)		Amount of Contribution (\$)	
	09/19/2024	Parsons Corp PAC		, , , , , , , , , , , , , , , , , , ,		,	\$500.00
	•••=•	Contributor address; City; S	State: 7in Code				• ·
			late, Zip Couc				
		Pasadena, CA 91124					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Thiopa corr		5)		,		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/45 Rpt: 28/129	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
		pert Lee (The Honorable)		ľ	00035962	
4	Date	5 Full name of contributor X out-of-state PAC (ID#: C)	7	Amount of Contribution (\$)	
	08/30/2024	Parsons Corporation PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		1				
		Pasadema, CA 91124				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/05/2024	Patricia A. Shipton Governmental Affairs	/			\$1,000.00
				-		Ψ1,000.00
		Continuation address, City, State, Zip Code				
		1				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/21/2024	Perdue, Brandon, Fielder, Collins & Mott LLP				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		1				
		1				
		Lubbock, TX 79408				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Perkins, James I (Mr.)				\$25,000.00
		Contributor address; City; State; Zip Code		1		
		1				
		Tyler, TX 75711				
	-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Banker	<u>_</u>	Citizens First Bank	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	± :
	12/05/2024	Pharm PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78757				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ь 5)		
						ſ

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/45 Rpt: 29/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
Ĺ		ert Lee (The Honorable)		J	00035962	, in the is j
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/01/2024	Pipe Fitters Local Union 211				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Deer Park, TX 77536				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/16/2024	Plumbers Local Union #58 PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Poinsett PLLC	······································			\$1,000.00
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Pol Action Committee for Engineers				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Populus Financial Group. Inc Texas PAC	······································			\$1,000.00
		Contributor address: City: State: Zip Code				
		Irving, TX 75062				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
-						

	The Instru	ction Guide explains hov	<i>w</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/45 Rpt: 30/129	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		pert Lee (The Honorable)				00035962	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/24/2024	Precast PAC					\$5,000.00
		6 Contributor address; City; S	State; Zip Code				
		Austin, TX 78718					
8	Principal occu	upation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	RS&H PAC TEXAS					\$500.00
		Contributor address; City; S					
		Austin, TX 78759					
	Principal occu	upation / Job title (See Instruction		Employer (See Instructions	<u> </u> נ)		
	T Thiopar occa		3)		<i>''</i>		
_	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>)		Amount of Contribution (\$)	
	09/19/2024	Raba-Kistner PAC Inc				, and an e e e e e e e e e e e e e e e e e e	\$500.00
			State; Zip Code				
		San Antonio, TX 78269					
	Principal occu	upation / Job title (See Instruction	s)	Employer (See Instructions	5)		
				<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢250.00
	09/19/2024						\$250.00
		Contributor address; City; S	state; Zip Code				
		Pearland, TX 77584					
	Principal occu	upation / Job title (See Instruction:	IS)	Employer (See Instructions	L;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Red Rock Texas PAC	—				\$4,000.00
		Contributor address; City; S	State; Zip Code				
	<u> </u>	Austin, TX 78701			Ĺ		
	Principal occu	upation / Job title (See Instruction	s)	Employer (See Instructions	5)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/45 Rpt: 31/129
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	pert Lee (The Honorable)		00035962
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/19/2024	Rios, Daniel O. (Mr.)		\$250.00
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/05/2024	Robinson, Douglass (Mr.)		\$2,000.00
	Contributor address; City; State; Zip Code		
	Abilana TX 70605		
Principal occu	Abilene, TX 79605 Ipation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>
Principal occu Pres.		Natural Resources)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/05/2024	Full name of contributor out-of-state PAC (ID#: Ron Lewis & Associates)	\$1,000.00
12/03/2024	Contributor address; City; State; Zip Code		\$1,000.00
	Contributor address, City, State, Zip Code		
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/05/2024	Rural Friends of Electric Cooperatives		\$3,000.00
	Contributor address; City; State; Zip Code		
Driverine Lasses	Austin, TX 78701	England (Or a la struction)	X
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2024	Ryan LLC PAC	······	\$10,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75240		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 29/45 Rpt: 32/129	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
ľ		ert Lee (The Honorable)		ľ	00035962	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Rydman, John A (Mr.)				\$3,000.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77007				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner		Spec's Wine & Spirits			
	Date	Full name of contributor out-of-state PAC	(ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Sabine Pilot PAC				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Port Arthur, TX 77640				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor X out-of-state PAC	(ID#: <u>C00526509</u>)	Γ	Amount of Contribution (\$)	
	12/05/2024	Safelite Group Inc PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Columbus, PA 43235				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	10/01/2024	Schrock, Kenneth G. (Mr.)				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78733				
		pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Sr. VP		LJA Engineering, Inc			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	09/27/2024	Scott, James M. (Mr.)				\$2,000.00
		Contributor address; City; State; Zip Code				
		Beaumont, TX 77705				
		pation / Job title (See Instructions)	Employer (See Instructions			
	President		Trans-Global Solutions,	, In	C.	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/45 Rpt: 33/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Nichols, Rob	pert Lee (The Honorable)			00035962	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/27/2024	Scott, William F. (Mr.)				\$5,000.00
	ł	6 Contributor address; City; State; Zip Code				
	ļ	1				
		Beaumont, TX 77705				
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions) Trans-Global Solutions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/24/2024	Scott II, William F (Mr.)				\$2,000.00
		Contributor address; City; State; Zip Code				
	ļ	1				
		1				
		Beaumont, TX 77706				
		pation / Job title (See Instructions)	Employer (See Instructions))		
L	VP		Trans Global Solutions	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/24/2024	Sewell, Carl (Mr.)				\$2,500.00
	ļ	Contributor address; City; State; Zip Code				
		1				
		Dallas, TX 75225				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u></u>		
	Auto Dealer		Sewell Automotive Deale			
⊨				_	tt -f Ωtribution (Φ)	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Solomon, Christopher M (Mr.))		Amount of Contribution (\$)	\$500.00
	09/19/2024					Φ000.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
		Cedar Park, TX 78613				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Pres & CEO		SAM			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
	12/05/2024	Southwestern Committee on Political Education for	or SW Public Service			\$1,000.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
	ļ	1				
		Amarilo, TX 79101				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/45 Rpt: 34/129	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
[ert Lee (The Honorable)			00035962	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Stan Schlueter Consulting				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78768				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/30/2024	Sysco Corp Good Gov Committee, Inc	,		(1)	\$1,000.00
						+_,000100
		Contributor address, City, State, Zip Code				
		Houston, TX 77077				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fincipal occu			<i>•</i>)		
	Date	Full name of contributor X out-of-state PAC (ID#: C	00361758)		Amount of Contribution (\$)	
	12/05/2024	T-Mobile PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Westington DO 20004				
		Washington, DC 20004		Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	TREPAC/ Texas Realtors PAC				\$10,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Tenaska Employees Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Omaha, NE 68154				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/45 Rpt: 35/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[ert Lee (The Honorable)		ľ	00035962	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/24/2024	Tenet Healthcare Corp PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75254				
8	Principal occu		9 Employer (See Instructions	<u>ا</u> ;)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/06/2024	Texas & Southwest Cattle Raisers Assn				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76185				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/30/2024	Texas Aggregrates & Concrete Assn PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. 5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Texas Agricultural Aviation Assn PAC				\$500.00
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u>γ</u>	Γ	Amount of Contribution (\$)	
	12/13/2024	Texas Alliance for Conservation PAC	/			\$1,500.00
	12/10/2024	Contributor address; City; State; Zip Code				φ <u>1</u> ,000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78721				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/45 Rpt: 36/129	
2	FILER NAME			2	Filer ID (Ethics Commissi	on Filers)
		ert Lee (The Honorable)		ľ	00035962	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/05/2024	Texas Apartment Assn.PAC				\$10,000.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Texas Assisted Living Assn PAC				\$1,500.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fincipal occu			<i>)</i>		
_	Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	12/09/2024	Texas Assn for Marriage & Family Therapy PAC				\$1,000.00
	12/09/2024		,			φ1,000.00
		Contributor address; City; State; Zip Code				
		Austin TV 70701				
⊢		Austin, TX 78701		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
_	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/05/2024	Full name of contributor out-of-state PAC (ID#: Texas Assn of Builders PAC)		Amount of Contribution (\$)	¢E 000 00
	12/05/2024					\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/24/2024	Texas Assn of Crane Owners PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78718				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 34/45 Rpt: 37/129 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Nichols, Robert Lee (The Honorable) 00035962 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/05/2024 Texas Assoc of Interior Design PAC \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77269 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$1,000.00 Texas Assoc of Property Tax Professionals PAC Contributor address; City; State; Zip Code Helotes, TX 78023 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/05/2024 **Texas Association Staffing PAC** \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2024 Texas Associations of Manufacturers PAC \$2,000.00 Contributor address; City; State; Zip Code Austin, TX 78711 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 12/05/2024 \$1,000.00 **Texas Automotive Recyclers Assn** Contributor address; City; State; Zip Code Midland, TX 79706 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 35/45 Rpt: 38/129	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		pert Lee (The Honorable)			00035962	, , , , , , , , , , , , , , , , , , ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Texas Bankers Assoc PAC				\$7,500.00
	1	6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	8 Principal occupation / Job title (See Instructions)9 Employer (See Instruction)		9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
	10/01/2024	Texas Building Branch AGC, PAC				\$2,500.00
	I					
		Austin, TX 78701				
	Principal occupation / Job title (See Instructions) Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)		
	12/11/2024	Texas Chemical Council FreePAC				\$2,000.00
	I	Contributor address; City; State; Zip Code				
		A				
	Drivelaas	Austin, TX 78701		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/05/2024	Texas Dairymen PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78711				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	12/11/2024	Texas Dental Assn PAC			Allount of Contineation (+)	\$1,000.00
	Contributor address; City; State; Zip Code				+- , · ····	
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/45 Rpt: 39/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[s, Robert Lee (The Honorable)			00035962	51111013)
4	Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
	12/09/2024					\$3,500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	8 Principal occupation / Job title (See Instructions)9 Employer (See Instruction)		5)			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2024	Texas Forestry Assn Forestry PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
	Lufkin, TX 75902					
	Principal occupation / Job title (See Instructions) Employer (See Instruction		;)			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/18/2024	Texas Hospital Assn PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/02/2024	Texas Impact, a CRH PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin TV 70726				
	Dringing ogg	Austin, TX 78726	Employer (See Instructions	<u> </u>		
	Phillipal Occu	pation / Job title (See Instructions)	Employer (See Instructions	•)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Texas Ind. Automobile Dealers Assn PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78750				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
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=				1	Total pages Schedule A1:	
	The Instruction Guide explains how to complete this form.				Sch: 37/45 Rpt: 40/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Nichols, Rot	pert Lee (The Honorable)			00035962	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Texas Land Title Assn.PAC				\$5,000.00
		6 Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78703				
8	8 Principal occupation / Job title (See Instructions)9 Employer (See Instruction))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024 Texas McDonald's Operations Assn PAC				\$1,000.00	
	Contributor address; City; State; Zip Code					
	Athens, TX 75751					
	Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date	Full name of contributor out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
	12/05/2024	Texas Medical Assn PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Texas Mortgage Bankers PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Texas Nursery & Landscape Assn PAC				\$2,000.00
	Contributor address; City; State; Zip Code					
		1				
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
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The Instru	ction Guide explains how to complete th	his form.	1 Total pages Schedule A1: Sch: 38/45 Rpt: 41/129	
2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)
Nichols, Rob	pert Lee (The Honorable)		00035962	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of Contribution (\$)	
12/05/2024	Texas Oil & Gas Assn Good Gov Committe	e		\$5,000.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		9 Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
10/16/2024	Texas Optometric PAC			\$2,000.00
	Auctio TX 78705			
Austin, TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u></u>	
			···	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
12/10/2024	Texas Physicians for Patients PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Marble Falls, TX 78654			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	i)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
10/16/2024	Texas Society of Architects Committee			\$3,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78702			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
12/05/2024	Texas State Farm Agents PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Lakeway, TX 78734			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	L	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 39/45 Rpt: 42/129 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Nichols, Robert Lee (The Honorable) 00035962 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/05/2024 Texas Statewide Tele. Cooperative Inc. PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2024 Texas Telephone Assn PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 12/05/2024 Texas Towing & Storage Assn of TX \$1,000.00 Contributor address; City; State; Zip Code Spring, TX 77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2024 \$5,000.00 Texas Trial Lawyers Assn PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 10/29/2024 **Texas Wildlife Association PAC** \$2,500.00 Contributor address; City; State; Zip Code New Braunfels, TX 78132 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	The Instruction Guide explains how to complete this form.			
2 FILER NAME			Sch: 40/45 Rpt: 43/129 3 Filer ID (Ethics Commission	on Filers)
Nichols, Rob	pert Lee (The Honorable)		00035962	
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
12/12/2024	Texas on Site Wastewater Assn PAC			\$200.00
	6 Contributor address; City; State; Zip Code			
	Bridge City, TX 77611			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	.)	
Date	Full name of contributor X out-of-state PAC (ID#	#: <u>C00096842</u>)	Amount of Contribution (\$)	
12/05/2024	12/05/2024 The American Electric Power Co.TX Committee for Responsible Gov.			\$1,500.00
	Contributor address; City; State; Zip Code			
Washington, DC 20004				
Principal occupation / Job title (See Instructions) Employer (See Instruction		;)		
Date			Amount of Contribution (\$)	÷2 000 00
10/01/2024	The Boeing Co. PAC			\$2,000.00
	Contributor address; City; State; Zip Code			
	Arlington, VA 22202			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L ;)	
Date	Full name of contributor X out-of-state PAC (ID#	#: <u>C00085316</u>)	Amount of Contribution (\$)	
12/13/2024	The Cigna Group Empl PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Philadelphia, PA 19192		-	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
12/05/2024	The Texas State Univ System PAC			\$2,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	

	The Instru	ction Guide explains how	to complete this fe	orm.	1	Total pages Schedule A1: Sch: 41/45 Rpt: 44/129	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		pert Lee (The Honorable)				00035962	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	The US Oncology Network					\$1,000.00
		6 Contributor address; City; Sta			1		
The Woodlands, TX 77380							
8	Principal occu	upation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Tolpo, Norman C.					\$1,000.00
		Contributor address; City; Sta	ate; Zip Code		1		
L		Port Neches, TX 77651					
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
L	President			Tallwood Enterprises LI	LC		
	Date Full name of contributor X out-of-state PAC (ID#: C00763664)		Γ	Amount of Contribution (\$)			
	12/11/2024	Tractor Supply PAC					\$1,000.00
	ļ	Contributor address; City; Sta	ate; Zip Code		1		
	ļ						
	ļ	Deserved TN 27027					
	Duincipal casu	Brentwood, TN 37027			Ĺ		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
╞				<u> </u>	.		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀር ባቢ በበ
	12/05/2024	Tracy, Charles G (Mr.)					\$500.00
	ļ	Contributor address; City; Sta	ate; Zip Code				
	ļ						
	ļ	Houston, TX 77005					
┝	Principal occu	upation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> ເ)		
	Investor			Self	,		
╞		Full name of contributor			1	Amount of Contribution (\$)	
	Date 12/09/2024	Trone, Robert (Mr.)	out-of-state PAC (ID#:)			\$2,000.00
					Ψ2,000.00		
	Contributor address; City; State; Zip Code						
	ļ						
	ļ	Potomac, MD 20854					
⊢	Principal occu	upation / Job title (See Instructions))	Employer (See Instructions	<u> </u> ג)		
	Owner Total Wine & More		,				
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	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 42/45 Rpt: 45/129		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
6		lichols, Robert Lee (The Honorable)			5	00035962	JIT IICI3)
4	Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)		
	12/05/2024	TXANA PAC					\$1,000.00
		6 Contributor address; City; St	ate; Zip Code				
		Austin TX 70701					
	Dringing ago	Austin, TX 78701	\	• Employer (Cap Instructions			
ŏ	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/21/2024	USAA Empl. PAC					\$2,000.00
		Contributor address; City; St					
	San Antonio, TX 78288						
	Principal occupation / Job title (See Instructions) Employer (See Instruction			;)			
	Date	Full name of contributor	X out-of-state PAC (ID#:	000064766)		Amount of Contribution (\$)	
	12/05/2024	United Parcel Service PA	C				\$5,000.00
	Contributor address; City; State; Zip Code						
		Washington, DC 20003					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Valero PAC					\$1,500.00
		Contributor address; City; St	ate; Zip Code				
		San Antonio, TX 78269					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Data	Full name of contributor				Amount of Contribution (*)	
	Date		out-of-state PAC (ID#:_) ×		Amount of Contribution (\$)	\$1,000.00
	12/05/2024 Verizon Communications Inc. Good Gov Club TX				Φ 1,000.00		
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
	Principal occu	L pation / Job title (See Instructions)	Employer (See Instructions			
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/45 Rpt: 46/129	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Nichols, Rot	pert Lee (The Honorable)			00035962	
4	Date	5 Full name of contributor X out-of-state PAC (ID#: CI))))))))))))))))))))	7	Amount of Contribution (\$)	
	12/05/2024	05/2024 Vulcan Materials Co. PAC				\$1,500.00
		6 Contributor address; City; State; Zip Code		1		
		Birmingham, AL 35238				
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction			L 3)		
I				,		
	Date	Full name of contributor X out-of-state PAC (ID#: C	200093054)	Γ	Amount of Contribution (\$)	
	12/11/2024	WalMart PAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
	Bentonville, AR 72716			Ĺ		
	Principal occupation / Job title (See Instructions) Employer (See Instruction			5)		
=	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Wantman, David (Mr.)	,			\$500.00
		Contributor address; City; State; Zip Code		{		T '
		Wellington, FL 33414				
		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	President		WGI			
	Date	Full name of contributor X out-of-state PAC (ID#: CI)	Γ	Amount of Contribution (\$)	
	11/04/2024	Wells Fargo & Co Employee PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Washington DO 20006				
<u> </u>	Dringingloog	Washington, DC 20006	Employer (See Instructions	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
=	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Westwood PAC				\$500.00
	Contributor address; City; State; Zip Code		1			
		Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

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	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 44/45 Rpt: 47/129	
2	FILER NAME	FILER NAME			Filer ID (Ethics Commissio	on Filers)
		bert Lee (The Honorable)		ĺ	00035962	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/05/2024	Whitmire & Munoz Political Fund				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77007				
R	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u>ר</u>		
_				, 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024					\$1,500.00
		Contributor address; City; State; Zip Code	1			
	Auctin TV 78701					
—	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u> </u>		
	Ρπιομαί στου		Employer (See Instructions)	J		
=	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/21/2024	Williams, W Reed (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209		Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)		
—	Date	Full name of contributor	 C00425975)	Γ	Amount of Contribution (\$)	
	12/05/2024	Windstream Holdings II, LLC PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		Little Rock, AR 72212				
—	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
				,		
_	Date	Full name of contributor out-of-state PAC (ID#:) !	Γ	Amount of Contribution (\$)	
	12/09/2024	Winstead PC PAC				\$2,500.00
	Contributor address; City; State; Zip Code					
		Dallas, TX 75201				
	Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
				,		
_		/	<u> </u>			

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 45/45 Rpt: 48/129		
2	2 FILER NAME			3	Filer ID (Ethics Commissio	n Filers)	
ľ	Nichols, Robert Lee (The Honorable)				00035962	, in the is j	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/19/2024	19/2024 Yerby, Phillip S. (Mr.)				\$250.00	
		6 Contributor address; City; State; Zip Code					
			, <u>_</u> ,p 0000				
		Plano, TX 75023					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Zachry Corp PAC	_				\$2,500.00
		Contributor address; City; State					
			o,p 0000				
		San Antonio, TX 78265					
-	Princinal occu			Employer (See Instructions	<u> </u> ເ)		
	Principal occupation / Job title (See Instructions) Employer (See Instructions		"				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/21/2024	Zachry, David S. (Mr.)	_				\$2,500.00
		San Antonio, TX 78265					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ו</u>		
	President &			Zachry Corp	"		
╘					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Zamarripa, Ricardo (Mr.)					\$250.00
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78739					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract List The Instruction Guide explains how to complete this fo	bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 1/72 Rpt: 49/129	Nichols, Robert Lee (The Honorable)	00035962	
4	Date 07/24/2024	Payee name AT&T		
6	Amount (\$) \$273.54	Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197		
8	PURPOSE OF EXPENDITURE	X Check	tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense older apartment cable & internet	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	08/13/2024	AT&T		
	Amount (\$) \$273.54	Payee address; City; State; Zip Code P. O. Box 5074		
		Carol Stream, IL 60197		
	PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense older apartment cable & internet	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	09/17/2024	AT&T		
	Amount (\$) \$273.54	Payee address; City; State; Zip Code P. O. Box 5074		
		Carol Stream, IL 60197		
	PURPOSE OF EXPENDITURE	X Check	tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense older apartment cable & internet	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 2/72 Rpt: 50/129	Nichols, Robert Lee (The Honorable)	00035962
4	Date 10/16/2024	5 Payee name AT&T	
6	Amount (\$) \$273.54	 Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 	
8	PURPOSE OF EXPENDITURE	X Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense partment cable & internet
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/16/2024	AT&T	
	Amount (\$) \$299.50	Payee address; City; State; Zip Code P. O. Box 5074	
	PURPOSE OF EXPENDITURE	X Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Apartment cable & internet
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/18/2024	AT&T	
	Amount (\$) \$283.28	Payee address; City; State; Zip Code P. O. Box 5074	
		Carol Stream, IL 60197	
	PURPOSE OF EXPENDITURE	X Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense partment cable & internet
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment					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: 3/72 Rpt: 51/129		Nichols, Robert Lee (The Honorable)				00035962		
4	Date 08/22/2024		5 Payee name AT&T Executive Edu. & Conference Center						
6	Amount (\$) \$241.03		 Payee address; City; State; Zip Code 1900 University Ave. Austin, TX 78705 						
8	PURPOSE OF EXPENDITURE (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. Check if Austin, TX, officeholder living expense Officeholder & staff to discuss interim issues						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sought			Office held		
	Date		Payee name						
	08/05/2024		AT&T Mobility						
-	Amount (\$)		Payee address; City; State; Zi	ip Code					
	\$204.24		P. O. Box 5074 Carol Stream, IL 60197	P					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	e) (b)	Check if Austin,	, TX,	de of Texas. Complete Schedule T. officeholder living expense phone expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sought			Office held		
	Date		Payee name						
	07/05/2024		AT&T Mobility						
	Amount (\$) \$204.29		Payee address; City; State; Zi P. O. Box 5074	ip Code					
			Carol Stream, IL 60197						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	_{≥)} (b)	Check if Austin,	, тх,	de of Texas. Complete Schedule T. officeholder living expense phone expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sought			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					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			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 4/72 Rpt: 52/129		Nichols, Robert Lee (The Honorable)			1	00035962		
4	Date 09/05/2024	5 Payee name AT&T Mobility							
6	Amount (\$)		-	Zip Cod	٩				
-	\$212.83		P. O. Box 5074						
			Carol Stream, IL 60197						
8	 8 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 Office holder telephone expense 						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	10/05/2024		AT&T Mobility						
	Amount (\$)		Payee address; City; State;	Zip Cod	e				
	\$212.83		P. O. Box 5074 Carol Stream, IL 60197	·					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched	dule)	Check if Austin	n, TX,	de of Texas. Complete Schedule T. officeholder living expense apaign telephone expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	11/05/2024		AT&T Mobility						
	Amount (\$) \$212.89		Payee address; City; State; P. O. Box 5074	Zip Cod	e				
			Carol Stream, IL 60197						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)	Check if Austin	n, TX,	le of Texas. Complete Schedule T. officeholder living expense phone expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 5/72 Rpt: 53/129	Nichols, Robert Lee (The Honorable)	00035962						
4	Date 12/05/2024	5 Payee name AT&T Mobility							
_									
6	Amount (\$) \$212.89	Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197							
_	DUDDOOF								
8	 8 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 Office holder living expense Office holder living expense 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/31/2024	Anedot							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$541.40	P. O. Box 84314							
		Baton Rouge, LA 70884							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense edit Card processing Fee 7-1/12-31-24						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/03/2024	Austin Club							
	Amount (\$) \$313.21	Payee address; City; State; Zip Code 823 Congress							
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense taff meeting for Christmas						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					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: 6/72 Rpt: 54/129		Nichols, Robert Lee (The Honorable)				00035962		
4	Date	5	Payee name						
	10/09/2024		Capitol Extension Gift Shop						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$2,165.00		1400 Congress Ave., E1.006						
			Austin, TX 78701						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description				
-	OF		Advertising Expense	euule)	-	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense		
					Officeholder/	car	npaign advertising		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	jht		Office held		
	Date		Payee name						
	10/09/2024		Capitol Extension Gift Shop						
	Amount (\$)			Zip Co	10				
	.,			Zip Cu	le				
	\$2,165.00 1400 Congress Ave., E1.006								
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Oncenoiden	car	npaign advertising		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	int		Office held		
	Date		Payee name						
	10/09/2024		Capitol Extension Gift Shop						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$2,489.75		1400 Congress Ave., E1.006						
	. ,		,,,,,,,, .						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense							
		Officeholder/campaign advertising							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held						Office held			
⊢									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	Filer ID (Ethics Commission Filers)					
-	Sch: 7/72 Rpt: 55/129	Nichols, Robert Lee (The Honorable) 00035962						
4	Date 07/10/2024	5 Payee name Cherokee County Republican Women						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
Ū	\$500.00	P. O. Box 870 Jacksonville, TX 75766						
8	PURPOSE	i						
0	OF		side of Texas. Complete Schedule T. X, officeholder living expense NSORShip					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/03/2024	Cherokeean Herald						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
	\$375.85 140 Main St.							
	51155005	Rusk, TX 75785						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense mpaign advertising					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
F	Date	Payee name						
	08/06/2024	City of Austin						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$103.97	P. O. Box 2267						
		Austin, TX 78783						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense partment utilities					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				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: 8/72 Rpt: 56/129		Nichols, Robert Lee (The Honorab	ole)				00035962
4	Date	5	Payee name					
	07/02/2024		City of Austin					
6	Amount (\$)	7	Payee address; City; S	State; Z	Zip Cod	e		
	\$83.35		P. O. Box 2267					
			Austin, TX 78783					
8	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedu	ule) (b) Description		
	OF EXPENDITURE		Utilities		,	Check if travel		ide of Texas. Complete Schedule T.
								officeholder living expense
						Officeholder	ара	artment utilities
_								0///
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Offi	ice soug	nt		Office held
	Date		Payee name					
	09/04/2024		City of Austin					
	Amount (\$)		Payee address; City; S	State: 2	Zip Cod	e		
	\$111.98		P. O. Box 2267	,				
			Austin, TX 78783					
	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedu	ule) (b) Description		
	OF EXPENDITURE		Utilities					ide of Texas. Complete Schedule T. , officeholder living expense
								artment utilities
						Onechoider	սրւ	
_	Complete ONLY if direct		andidate/Officeholder name	Offi	ice soug	ht		Office held
	expenditure to benefit C/OF							
	Date		Payee name					
	10/08/2024		City of Austin					
	Amount (\$)		Payee address; City; S	State: 2	Zip Cod	e		
	\$106.88		P. O. Box 2267	,				
			Austin, TX 78783					
	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedu	ule) (b) Description		
	OF EXPENDITURE		Utilities					ide of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Officeholder apartment utillities							
						Unicerioider	apa	
	Complete ONUX 5 - Start	Ļ	opdidoto/Officebalder acres	<u> </u>		b.t		Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O			andidate/Officeholder name	Offi	ice soug	in.		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				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: 9/72 Rpt: 57/129		Nichols, Robert Lee (The Honorable)				00035962
4	Date	5	Payee name				
	11/04/2024		City of Austin				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$96.92		P. O. Box 2267				
			Austin, TX 78783				
8	PURPOSE		Category (See Categories listed at the top of this sche		(b) Description		
	OF	(,	Utilities	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				X Check if Austir	, TX	, officeholder living expense
					Officeholder	apa	artment uilities
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held
	Date		Payee name				
	12/04/2024		City of Austin				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$70.11		P. O. Box 2267				
			Austin, TX 78783				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Utilities				ide of Texas. Complete Schedule T.
	-						, officeholder living expense artment utilities
					Onicentituel	aµa	
	Complete ONLY if direct		Candidate/Officeholder name O	ffice sou	ıht		Office held
	expenditure to benefit C/OI			11100 3000	hit		Once neiu
	Date		Payee name				
	07/26/2024		Conine Vestal, Shelby (Ms.)				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$2,128.32		12220 Terraza Circle	·			
			Austin, TX 78726				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF		Salaries/Wages/Contract Labor	uule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						
	Campaign payroll						
	Complete ONLY if direct		Candidate/Officeholder name O	ffice sou	ht		Office held
	expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					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: 10/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962		
4	Date	5	Payee name						
	08/26/2024		Conine Vestal, Shelby (Ms.)						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$1,235.25		12220 Terraza Circle						
			Austin, TX 78726						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.		
					Campaign pa		, officeholder living expense		
					Campaign pa	ayıc	ווכ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	office soug	ht		Office held		
	Date		Payee name						
	09/26/2024		Conine Vestal, Shelby (Ms.)						
Amount (\$) Payee address; City; State; Zip Code									
					ie				
	\$2,058.75 12220 Terraza Circle								
			Austin, TX 78726						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held		
	Date		Payee name						
	10/28/2024		Conine Vestal, Shelby (Ms.)						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$2,058.75		12220 Terraza Circle						
			Austin, TX 78726						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense DII expenses		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			head/Rental Expense ense pense ages/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: 11/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962		
4	Date 12/26/2024		Payee name Conine Vestal, Shelby (Ms.)						
6	Amount (\$) \$2,058.75		Payee address; City; State; Zip Code 12220 Terraza Circle Austin, TX 78726						
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 Campaign payroll expense 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	11/25/2024		Conine Vestal, Shelby (Ms.)						
	Amount (\$) \$2,058.75								
			Austin, TX 78726						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense II expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	07/03/2024		Dallas Morning News						
	Amount (\$) \$32.51		Payee address; City; State; 1954 Commerce St.	Zip Co	le				
			Dallas, TX 75201						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	dule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense vspaper subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	ffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Travel y - Gift/Awards/Memorials Expense Printing Expense Travel			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: 12/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962	
4	Date	5	Payee name					\neg
	08/03/2024		Dallas Morning News					
6	Amount (\$)	7		Zip Co	de			\neg
ľ	\$32.51	ľ	1954 Commerce St.	210 00	uc			
	ψ02.01							
			D. II					
			Dallas, TX 75201					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense	
							wspaper subscription	
						101		
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht		Office held	\neg
-	expenditure to benefit C/OI				5			
-	Date		Pavee name					╡
	09/03/2024		Dallas Morning News					
				7. 0				_
	Amount (\$)			Zip Co	de			
	\$32.51 1954 Commerce St.							
			Dallas, TX 75201					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this scho Fees	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin,	, тх,	, officeholder living expense	
					Officeholder r	nev	wspaper subscription	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held	
	expenditure to benefit C/OI	Π						
	Date		Payee name					
	10/03/2024		Dallas Morning News					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$32.51		1954 Commerce St.					
			Dallas, TX 75201					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense	
							wspaper subscription	
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name C	Office sou	aht		Office held	\neg
	expenditure to benefit C/OI				9			
-								\neg

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 13/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962				
4	Date	Payee name					
	11/04/2024	Dallas Morning News					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$32.51	1954 Commerce St.					
	+01.01						
		Dallas, TX 75201					
_							
8	PURPOSE OF	Category (See Categories listed at the top of this schedule)	outside of Texas. Complete Schedule T.				
	EXPENDITURE		n, TX, officeholder living expense				
			newspaper subscription				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	C C					
_	Date	Pavee name					
	12/04/2024	Dallas Morning News					
		-					
	Amount (\$)	Payee address; City; State; Zip Code					
\$32.51 1954 Commerce St.							
		Dallas, TX 75201					
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense newspaper subscription				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/13/2024	Deluxe Business Checks & Solutions					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$181.84	PO Box 1186					
	\$101.04						
		Lancaster, CA 93534-1186					
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense inted checks				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 14/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962						
4	Date 07/14/2024	Payee name Dropbox, Inc							
6	Amount (\$) \$127.78	 Payee address; City; State; Zip Code 801 Scott St. Worthington , KY 41183 							
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expanse							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/26/2024	Dunn, Shawn (Ms.)							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,441.12	213 Winged Foot Dr. Lufkin, TX 75901							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/26/2024	Dunn, Shawn (Ms.)							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,441.12	213 Winged Foot Dr.							
		Lufkin, TX 75901							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder name Office sought	Office held						

	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 h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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: 15/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962		
4	Date 09/26/2024	5	5 Payee name Dunn, Shawn (Ms.)						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$1,441.12		213 Winged Foot Dr.						
			Lufkin, TX 75901						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.		
					Campaign pa		officeholder living expense		
					Campaign pa	iyit	511		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		
	Date		Payee name						
	10/28/2024		Dunn, Shawn (Ms.)						
	Amount (\$)			Zin Co	he				
	\$1,441.12		213 Winged Foot Dr.						
			Lufkin, TX 75901						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	de ef Toures, Complete Cabadula T		
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T. officeholder living expense		
					Campaign pa				
					eampaign pe				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held		
	Date		Payee name						
	12/26/2024		Dunn, Shawn (Ms.)						
	Amount (\$)		Payee address; City; State;	Zip Co	1e				
	\$71.68		213 Winged Foot Dr.	p 00					
	φ/1.00								
			Lufkin, TX 75901						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Loan Repayment/Reimbursement				de of Texas. Complete Schedule T. officeholder living expense		
							77.8 miles @ .60 to attend meetings		
					Campaign St	an			
	Complete ONUM 11	L							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jnt		Office held		
	,								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til By - Gift/Awards/Memorials Expense Printing Expense Til					Travel in District Travel Out of District	uipment & Related Expense	
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 16/72 Rpt:		hols, Robert Lee (The Hon	orable)				00035962	
4	Date	5 Pay	ee name						
	12/26/2024	Du	nn, Shawn (Ms.)						
6	Amount (\$)	7 Pay	ee address; City;	State;	; Zip Cod	e			
	\$1,441.12	213	8 Winged Foot Dr.						
		Luf	kin, TX 75901						
8	PURPOSE	(a) Cat	egory (See Categories listed at the t	op of this sch	edule)	b) Description			
	OF EXPENDITURE	Sa	aries/Wages/Contract Lab	or				de of Texas. Comp	
	-							officeholder living	expense
						Campaign pa	ayru	ni expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		idate/Officeholder name	C	Dffice soug	ht		Office hel	d
	Date	Pay	ee name						
	11/25/2024	Du	nn, Shawn (Ms.)						
	Amount (\$)	Pav	ee address; City;	State:	Zip Cod	e			
	\$1,441.12 213 Winged Foot Dr.								
	Ψ1,441.12	21,	Wingeur oot Dr.						
			kin, TX 75901						
	PURPOSE OF		egory (See Categories listed at the t		edule)	b) Description			
	EXPENDITURE	Sa	aries/Wages/Contract Lab	or				de of Texas. Compl officeholder living e	
						Campaign pa			expense
						oumpuign pr	ayı o		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate/Officeholder name	C	Dffice soug	ht		Office hel	d
	Date	Pay	ee name						
	11/24/2024		nn, Shawn (Ms.)						
	Amount (\$)		ee address; City;	State:	; Zip Cod	e			
	\$118.08		B Winged Foot Dr.	otato,	, <u></u> p eea	•			
	\$110.00	210	Wingeur oot Dr.						
		Luf	kin, TX 75901						
	PURPOSE OF		egory (See Categories listed at the t		edule)	b) Description			
	EXPENDITURE	Loa	an Repayment/Reimbursen	nent				de of Texas. Comp officeholder living e	
									6.8 miles @.60
						Campaign 16	an HU		
	Complete ONLV if direct	Con	lidate/Officeholder name			ht		Office hel	d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			C	Office soug	111		Unice nel	u

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportal Food/Beverage Expense Polling Expense Travel in Di y - Gift/Awards/Memorials Expense Printing Expense Travel out					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: 17/72 Rpt:							
4	Date	5	Payee name					
	10/08/2024		EAG Ford Jacksonville					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$295.29		4360A US Hwy 69N					
			Jacksonville, TX 75766					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment And Related				ide of Texas. Complete Schedule T.	
			Expense				, officeholder living expense	
					Campaign ve	enic	ele maintenance	
_			en didete (Office helder verse					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Jur		Office held	
	Date		Payee name					
	11/12/2024		East Texas Vendor Mall					
Amount (\$) Payee address; City; State; Zip Code								
	\$520.00 1604 W Frank Avenue							
			Lufkin, TX 75904					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
							mpaign advertising	
					Chiconolaon	104		
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	ght		Office held	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	07/26/2024		Ellis, Jacob (Mr.)					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$1,922.45		1402 Mulberry					
			Lufkin, TX 75904					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.	
					Campaign pa		, officeholder living expense	
					Campaign pa	.yrt	20	
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	ht		Office held	
	expenditure to benefit C/OI			111CE 30U	jiit			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
	Sch: 18/72 Rpt:	Nichols, Robert Lee (The Honorable) 00035962							
4	Date 08/26/2024	5 Payee name Ellis, Jacob (Mr.)							
6	Amount (\$) \$1,441.12	7 Payee address; City; State; Zip Code ,441.12 1402 Mulberry Lufkin, TX 75904							
8	PURPOSE OF EXPENDITURE	F Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date 09/26/2024	Payee name Ellis, Jacob (Mr.)							
	Amount (\$) \$2,264.62	Payee address; City; State; Zip Code 264.62 1402 Mulberry Lufkin, TX 75904							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Y rOll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/28/2024	Ellis, Jacob (Mr.)							
	Amount (\$) \$2,264.62	Payee address; City; State; Zip Code 1402 Mulberry							
		Lufkin, TX 75904							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense .yroll expenses						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr e By - Gift/Awards/Memorials Expense Printing Expense Tr					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 F	ILER NAME				3	Filer ID (Ethics Commission Filers	s)
	Sch: 19/72 Rpt:		lichols, Robert Lee (The Hono	orable)				00035962	
4	Date	5 F	ayee name						
	12/26/2024	E	Ellis, Jacob (Mr.)						
6	Amount (\$)	7 F	ayee address; City;	State;	; Zip Coo	е			
	\$2,264.62	1	402 Mulberry						
		L	ufkin, TX 75904						
8	PURPOSE OF		category (See Categories listed at the to		nedule)	b) Description			
	EXPENDITURE		Salaries/Wages/Contract Labo	or				ide of Texas. Complete Schedule T. , officeholder living expense	
						Campaign pa			
						F 1 5 1		F	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice soug	ht		Office held	
	Date	F	ayee name						
	11/25/2024	E	Ellis, Jacob (Mr.)						
	Amount (\$)	F	ayee address; City;	State;	; Zip Coo	e			
	\$2,264.62 1402 Mulberry								
			,						
		L	ufkin, TX 75904						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Calaries/Wages/Contract Labo		nedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense DII expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht		Office held	
	Date	F	ayee name						=
	07/25/2024	F	ord Credit						
	Amount (\$)	F	ayee address; City;	State;	; Zip Coo	е			
	\$2,037.67		P. O. Box 650575						
			Dallas, TX 75265		i				
	PURPOSE OF		ategory (See Categories listed at the to		,	b) Description	0114-1	ida of Toyas, Complete Schodule T	
	EXPENDITURE		ransportation Equipment And Expense	l Related	d		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Cle lease	
	Complete ONLY if direct	Ca	ndidate/Officeholder name	0	Dffice soug	ht		Office held	
	expenditure to benefit C/OI								
									_

	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 h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/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: 20/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962			
4	Date 09/05/2024		5 Payee name Ford Credit							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$2,037.67 P. O. Box 650575 Dallas, TX 75265 Dallas, TX 75265									
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Campaign vehicle lease						, officeholder living expense			
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	09/26/2024		Ford Credit							
	Amount (\$) \$2,037.67	\$2,037.67 P. O. Box 650575								
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description 				officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name	_						
	10/28/2024		Ford Credit							
	Amount (\$) \$2,037.57		Payee address; City; State; P. O. Box 650575	Zip Co	le					
			Dallas, TX 75265	i						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Transportation Equipment And Related Expense			ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense cle lease			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held			

	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 nittee Legal Services The Instruction Guide explain:	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	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 F					3	Filer ID (Ethics Commission Filers)
	Sch: 21/72 Rpt:		Nichols, Robert Lee (The Honorable)					00035962
4	Date 12/26/2024	5 Payee name Ford Credit						
6	6 Amount (\$) \$2,037.67 7 Payee address; City; State; Zip Code P. O. Box 650575 Dallas, TX 75265							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign vehicle lease						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date	F	Payee name					
	12/05/2024	F	Ford Credit					
	Amount (\$)Payee address;City;State;Zip Code\$2,037.67P. O. Box 650575							
			Dallas, TX 75265					
	PURPOSE OF EXPENDITURE	٦	Category (See Categories listed at the top of this se Fransportation Equipment And Relate Expense		(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense le lease
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date	F	Payee name					
	08/26/2024		Gajjar, Hitesh (Mr.)					
	Amount (\$) \$1,795.00		Payee address; City; Stat 1202 Steep Rock Lane	e; Zip Co	ode			
			Austin, TX 78732		-			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Rent	chedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense artment rent
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 22/72 Rpt:	Nichols, Robert Lee (The Honorable) 00035962							
4	Date 07/26/2024	Payee name Gajjar, Hitesh (Mr.)							
6	Amount (\$)	' Payee address; City; State; Zip Code							
	\$1,795.00 4202 Steep Rock Lane Austin, TX 78732								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Rent (b) Description Image: Check if Austin, TX, officeholder living expense Officeholder apartment rent Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/26/2024	Gajjar, Hitesh (Mr.)							
Amount (\$) Payee address; City; State; Zip Code									
	\$1,795.00	4202 Steep Rock Lane Austin, TX 78732							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Rent (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Officeholder apartment rent								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/28/2024	Gajjar, Hitesh (Mr.)							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,795.00	4202 Steep Rock Lane							
		Austin, TX 78732							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense partment rent						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	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 explain	Office Ove Polling Ex Printing E Salaries/V	erhea pense xpens Vages	se s/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: 23/72 Rpt:		Nichols, Robert Lee (The Honorable))				00035962
4	Date	5	Payee name					
	11/25/2024		Gajjar, Hitesh (Mr.)					
6	Amount (\$)	7	Payee address; City; Sta	ite; Zip Co	ode			
	\$1,795.00		4202 Steep Rock Lane					
			Austin, TX 78732					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description		
	EXPENDITURE		Rent					ide of Texas. Complete Schedule T. , officeholder living expense
						Officeholder a		
							cipe	
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held							Office held
	Date		Payee name					
	11/18/2024		Global Mailing Service, Inc.					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode			
	\$709.57 1012 N Northwest Loop 323							
			Tyler, TX 75708					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outei	ide of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense					, officeholder living expense
						Officeholder/	Car	mpaign postage & processing for
						Christmas Ca		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held
-	Date	Γ	Payee name					
	12/27/2024		Global Mailing Service, Inc.					
	Amount (\$)		Payee address; City; Sta	ite; Zip Co	ode			
	\$529.78		1012 N Northwest Loop 323	· •				
			Tyler, TX 75708		<i>a</i> >			
	PURPOSE OF	^(a)	Category (See Categories listed at the top of this s	schedule)	(a)	Description	nutei	ide of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense					, officeholder living expense
								npaign mailing of state calendars
								-
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ight			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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: 24/72 Rpt:	Nichols, Robert Lee (The Honorable)						
4	Date	5	Payee name					
	07/02/2024		Google					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$38.38		1600 Amphitheater					
			Mountain View, CT 94043					
8	PURPOSE	(₂)			(b) Deceription			
°	OF	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Once Overneau/Rental Expense				, officeholder living expense	
					Campaign er	nai	l service	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C)ffice sou	Jht		Office held	
	Date		Payee name					
	08/01/2024		Google					
⊢	Amount (\$)	-	5	Zin Co				
	\$38.38		1600 Amphitheater					
			Mountain View, CT 94043					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Campaign er	nai	lexpense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	jht		Office held	
	Date		Payee name					
	09/01/2024		Google					
	Amount (\$)	-		Zip Co				
	\$38.38		1600 Amphitheater	Zip Co				
	Ф 00.00		1000 Ampinimeater					
			Mountain View, CT 94043					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Campaign er	ııdl	1 351 1163	
	0 1 1 0 1 1 1 1						0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	jht		Office held	
		•						

		EXPENDITURE CATEGORIES FOR BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	· · ·	3 Filer ID (Ethics Commission Filers)									
T	Sch: 25/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962									
4	Date 10/01/2024	Payee name Google										
6	Amount (\$) \$38.38	Payee address; City; State; Zip Code 1600 Amphitheater Mountain View, CT 94043										
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date Payee name 12/02/2024 Google											
	Amount (\$) \$38.38	Payee address; City; State; Zip Code 8.38 1600 Amphitheater Mountain View, CT 94043										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nail expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	11/01/2024	Google										
	Amount (\$) \$38.38	Payee address; City; State; Zip Code 1600 Amphitheater										
		Mountain View, CT 94043										
	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 Campaign email expense											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 26/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962			
4	Date	5	Payee name							
	12/26/2024		Graham, Drew (Mr.)							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$2,090.00		5804 Gloucester Lane							
			Austin, TX 78723							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Office Overhead/Rental Expense				side of Texas. Complete Schedule T. K, officeholder living expense			
							iff rental part of Dec & January for			
					session					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ht		Office held			
	Date		Payee name							
	12/09/2024		HEB 03/425							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$107.02 1000 East 41st St									
			Austin, TX 78751							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Gift/Awards/Memorials Expense				side of Texas. Complete Schedule T. K, officeholder living expense			
							t for Senate Party			
					0	g				
	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	lht		Office held			
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	12/02/2024		HEB 2/373							
	Amount (\$)		Payee address; City; State;	; Zip Co	le					
	\$131.81		16900 North FM 620							
			Round Rock, TX 78681							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Office Overhead/Rental Expense				side of Texas. Complete Schedule T. K, officeholder living expense			
							pitol office supplies			
					Childen	Jup				
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	Iht		Office held			
	expenditure to benefit C/OI				, -					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Xpense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME 3 Filer ID (Ethics Comm								
	Sch: 27/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962							
4	Date 09/29/2024	Payee name HEB 388								
6	Amount (\$) \$57.74	 Payee address; City; State; Zip Code 5001 W Parmer Lane Austin, TX 78727 								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/26/2024	Harris, Jennifer (Ms.)								
	Amount (\$) \$580.12	Payee address;City;State;Zip Code215 Southland Dr.								
		Lumberton, TX 77657								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense payroll							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/26/2024	Harris, Jennifer (Ms.)								
	Amount (\$) \$580.12	Payee address;City;State;Zip Code215 Southland Dr.								
		Lumberton, TX 77657								
	PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				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	· · ·			2	Filer ID (Ethics Commission Filers)			
1	Sch: 28/72 Rpt:		Nichols, Robert Lee (The Honorable)	00035962						
4	Date	5	Payee name							
	09/26/2024		Harris, Jennifer (Ms.)							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$580.12		215 Southland Dr.							
			Lumberton, TX 77657							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,	Check if travel		ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Campaign pa	iyrc	bli			
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	10/28/2024		Harris, Jennifer (Ms.)							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$580.12		215 Southland Dr.							
			Lumberton, TX 77657							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense			
					Campaign pa					
					1 3 1					
	Complete ONLY if direct		andidate/Officeholder name O	office sou	ght		Office held			
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	12/26/2024		Harris, Jennifer (Ms.)							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$580.12		215 Southland Dr.							
			Lumberton, TX 77657							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
		Campaign payroll expense								
	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office soug	abt		Office held			
	expenditure to benefit C/OI				grit		Unice neid			

		EXPENDIT	URE CATEGORIES FO	R BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				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:	ILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 29/72 Rpt:	lichols, Robert Lee (The	00035962							
4	Date	Payee name								
	11/25/2024	Harris, Jennifer (Ms.)								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$580.12	215 Southland Dr.								
		umberton, TX 77657								
8	PURPOSE OF	Category (See Categories listed		(b) Description						
	EXPENDITURE	Salaries/Wages/Contrac	Labor		outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
					ayroll expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office so	ught	Office held					
	Date	ayee name								
07/31/2024 Hoover's Cooking										
	Amount (\$)	Payee address; City;	State; Zip C	ode						
	\$98.34	2002 Manor Rd.								
		Austin, TX 78722								
	PURPOSE	Category (See Categories listed	at the top of this schedule)	(b) Description						
	OF EXPENDITURE	ood/Beverage Expense			outside of Texas. Complete Schedule T.					
	EXPENDITORE				n, TX, officeholder living expense					
				Officeholder	& staff meal for RRC planning meeting					
	Complete ONLY if direct	andidate/Officeholder name	Office so	l Jght	Office held					
	expenditure to benefit C/OI									
	Date	ayee name								
	08/28/2024	loover's Cooking								
	Amount (\$)	Payee address; City;	State; Zip C	ode						
	\$177.16	2002 Manor Rd.								
		Austin, TX 78722								
	PURPOSE	Category (See Categories listed	at the top of this schedule)	(b) Description						
	OF EXPENDITURE	Food/Beverage Expense	!		outside of Texas. Complete Schedule T.					
	-				n, TX, officeholder living expense meeting to discuss TXDOT issues					
				Cilicentituel						
	Complete ONLY if direct	andidate/Officeholder name	Office so	l Jaht	Office held					
	expenditure to benefit C/Oł			-9·11						
-										

		EXPENDITURE CATEGOR	IES FOR BC	OX 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 h	ent/Reinbursement d/Rental Expense e Transportation Equipment & Related Expense Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above) ete this form.						
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 30/72 Rpt:	ichols, Robert Lee (The Honorable)	00035962						
4	Date 12/05/2024	ayee name oover's Cooking							
6	Amount (\$) \$177.28	7 Payee address; City; State; Zip Code 28 2002 Manor Rd. Austin, TX 78722							
 8 PURPOSE OF EXPENDITURE (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. Check if Austin, TX, officeholder living expense Officeholder & staff to discuss interim issues 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held					
	Date	ayee name							
	11/12/2024	acksonville Chamber of Commerce							
	Amount (\$) \$205.00	ayee address; City; State; 714 E. Rusk St,	Zip Code						
	PURPOSE	acksonville, TX 75766		Description					
	OF EXPENDITURE	ategory (See Categories listed at the top of this sche		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign annual membership fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held					
	Date	ayee name							
	07/25/2024	acksonville Daily Progress							
	Amount (\$) \$195.00	ayee address; City; State; 25 E.Commerce	Zip Code						
		acksonville, TX 75766							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche dvertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder & campaign advertising					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 The Instruction Guide explains how to complete this form.				Transp Travel Travel	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 Co	mmission Filers)
	Sch: 31/72 Rpt:		Nichols, Robert Lee (The Honorable)							85962		
4	Date	5	Payee name									
	07/07/2024		Jacksonville Daily Progress									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$695.00		525 E.Commerce									
			Jacksonville,	TX 75766								
8	PURPOSE	(a)	Category (See	Categories listed a	at the top of this sch	nedule)	(b) Description	on				
			Advertising E			iouulo)			tside of Te	exas. Com	olete Schedule	еΤ.
	EXPENDITURE		-							older living		
							Officeho	older/ca	ampaig	n adve	rtising	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	yht		C	Office he	ld	
	Date		Payee name									
	11/12/2024		Jacksonville	Daily Progres	SS							
	Amount (\$)		Payee address	; City;	State	; Zip Co	de					
	\$235.00 525 E.Commerce											
			Jacksonville,	TX 75766								
	PURPOSE OF	(a)	Category (See		at the top of this sch	nedule)	(b) Description					-
	EXPENDITURE		Advertising E	xpense						older living	expense	
												dvertising
												g
	Complete ONLY if direct		Candidate/Office	eholder name	(Dffice sou	ght		C	Office he	ld	
	expenditure to benefit C/OI	Н					-					
	Date		Payee name									
	12/31/2024		Jacksonville	Daily Progres	SS							
	Amount (\$)		Payee address	; City;	State	; Zip Co	de					
	\$250.00		525 E.Comm			, 1						
			Jacksonville,	TX 75766								
	PURPOSE OF	(a)	Category (See		at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Advertising E	xpense							olete Schedule	е Т.
										older living		advertisement
							Chiceno		ութաց	ii vetel	ans Day	aaverusement
-	Complete ONLY if direct	Ļ	Candidate/Office	holder name	(Office sou	nht		<u>ر</u>	Office he	ld	
	expenditure to benefit C/OI					2.1100 3000	<u></u>		C			

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 32/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962							
4	Date 07/26/2024	Payee name Jeter, Amy (Ms.)								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,276.12	5608 Mount Bonnell Rd. Austin, TX 78731								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Salaries/Wages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/20/2024	Legislative Solutions								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$295.00	P.O. Box 5643 Austin, TX 75763								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Iail blast							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/26/2024	Lupton, Angus (Mr.)								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3,825.67	8700 Fritsch Dr.								
		Austin, TX 78717								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense y rOll							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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	· · · · ·		•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 33/72 Rpt:		Nichols, Robert Lee (The Honorable)	00035962						
4	Date	5	Payee name							
	08/26/2024		Lupton, Angus (Mr.)							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$2,882.25		8700 Fritsch Dr.							
			Austin, TX 78717							
8	PURPOSE	<u> </u>			(b) Decerintian					
°	OF		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Salahes/Wayes/Contract Labor				, officeholder living expense			
					Campaign pa	ayro	bll			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	yht		Office held			
	Date		Payee name							
	09/26/2024		Lupton, Angus (Mr.)							
_	Amount (\$)			Zip Co	1e					
	\$2,882.25		8700 Fritsch Dr.	210 00						
	Ψ2,002.20									
			Austin, TX 78717							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense DII			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O)ffice sou	Jht		Office held			
	Date		Payee name							
	10/28/2024		Lupton, Angus (Mr.)							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$2,882.25		8700 Fritsch Dr.							
			Austin, TX 78717							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
		Campaign payroll expenses								
		Ľ	andidata/Officabalder same	office carry	t		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	jiit		Office held			
	-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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	· · · · ·		•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 34/72 Rpt:		Nichols, Robert Lee (The Honorable)	00035962						
4	Date	5	Payee name							
	12/26/2024		Lupton, Angus (Mr.)							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$2,882.15		8700 Fritsch Dr.							
			Austin, TX 78717							
8	PURPOSE	<u> </u>			(b) Description					
ľ	OF		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Salanes/Wages/Contract Labor				officeholder living expense			
					Campaign pa	yrc	oll expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	Jht		Office held			
	Date		Payee name							
	11/25/2024		Lupton, Angus (Mr.)							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$2,882.25 8700 Fritsch Dr.									
			Austin, TX 78717							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			de of Texas. Complete Schedule T. officeholder living expense			
					Campaign pa					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O)ffice sou	Jht		Office held			
	Date		Payee name							
	07/26/2024		Martinez, Mckenna (Ms.)							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$1,098.03		3604 Flamevine Cv							
			Austin, TX 78735							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		de ef Teures, Complete Schedule, T			
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T. officeholder living expense			
					Campaign pa					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held			
\vdash										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			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	· · · · ·		•	3	Filer ID (Ethics Commission Filers)				
-	Sch: 35/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962				
4	Date	5	Payee name								
	08/26/2024		Martinez, Mckenna (Ms.)								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$1,098.03		3604 Flamevine Cv								
			Austin, TX 78735								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor	suulo)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE						, officeholder living expense				
					Campaign pa	iyrc	bli				
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held				
	Date		Payee name								
	09/26/2024		Martinez, Mckenna (Ms.)								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$1,098.03 3604 Flamevine Cv										
			Austin, TX 78735								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense				
					Campaign pa		÷ ,				
					1 3 1						
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Jht		Office held				
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	10/28/2024		Martinez, Mckenna (Ms.)								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$1,098.03		3604 Flamevine Cv								
			Austin, TX 78735								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
		Campaign payroll expenses									
-	Complete ONLY if direct		Candidate/Officeholder name O	office soug	uht		Office held				
	expenditure to benefit C/OI			ance soul	j						

			EXPENDITURE CATEO	ORIES FO	R BC	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					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: 36/72 Rpt:		Nichols, Robert Lee (The Honorable	00035962							
4	Date	5	Payee name								
	12/26/2024		Martinez, Mckenna (Ms.)								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$1,098.03		3604 Flamevine Cv								
			Austin, TX 78735								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.			
								officeholder living expense			
						Campaign pa	iyru	on expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l ught			Office held			
	Date		Payee name								
	11/25/2024		Martinez, Mckenna (Ms.)								
_	Amount (\$) Payee address; City; State; Zip Code										
	\$1,098.03		3604 Flamevine Cv	λιο, Σι ρ Ο	Juc						
	Φ1,090.05	\$1,090.03 5004 Flamevine CV									
			Austin, TX 78735		<i>a</i> >						
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description	outoi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Salaries/Wages/Contract Labor					officeholder living expense			
						Campaign pa					
						1 5 1	,				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l ught			Office held			
	Date		Payee name								
	07/26/2024		Missildine, Wyma (Ms.)								
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode						
	\$3,458.70		380 An Co Rd 414								
			Palestine, TX 75803		<u>[a)</u>						
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(a)	Description	outo	do of Toyac, Complete Schedule T			
	OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense										
					1	Campaign pa					
						- an paign pa	.,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l ught			Office held			
\vdash											

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			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			·	3	Filer ID (Ethics Commission Filers)		
	Sch: 37/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962		
4	Date	5	Payee name			I			
	08/26/2024		Missildine, Wyma (Ms.)						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$3,458.70		380 An Co Rd 414						
			Palestine, TX 75803						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.		
	-				Campaign pa		officeholder living expense		
					Campaign pa	lyrc	211		
9	Complete ONLY if direct		Candidate/Officeholder name O	office sou	iht		Office held		
	expenditure to benefit C/OI								
	Date		Payee name						
09/26/2024 Missildine, Wyma (Ms.)									
Amount (\$) Payee address; City; State; Zip Code									
	\$3,458.70 380 An Co Rd 414								
			Palestine, TX 75803						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.		
	-				Campaign pa		officeholder living expense		
					Campaign pa	ayıc	211		
	Complete ONLY if direct		Candidate/Officeholder name O	office sour	iht		Office held		
	expenditure to benefit C/OI				,				
-	Date		Payee name						
	10/28/2024		Missildine, Wyma (Ms.)						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$3,458.70		380 An Co Rd 414						
			Palestine, TX 75803						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.		
	-				Campaign pa		officeholder living expense		
					Campaign pa	iyit			
-	Complete ONLY if direct		Candidate/Officeholder name O	office sour	iht		Office held		
	expenditure to benefit C/Oł								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 38/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962					
4	Date 12/26/2024	Payee name Missildine, Wyma						
6	Amount (\$) \$3,458.70	 Payee address; City; State; Zip Code 380 An Co Rd 414 Palestine, TX 75803 						
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 Campaign payroll expense 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/25/2024	Missildine, Wyma						
	Amount (\$) \$3,458.70							
		Palestine, TX 75803						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ayroll expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/26/2024	Missildine, Wyma						
	Amount (\$) \$64.80	Payee address;City;State;ZipCode380 An Co Rd 414414						
		Palestine, TX 75803						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense 08 miles @ .60					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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	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:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 39/72 Rpt:	Nichols, Robert Lee (The Honorable) 3 Filer ID (Emics Commission File						
4	Date 07/26/2024	Payee name Nichols, Robert L. (Mr.)						
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P. O. Box 1591 Jacksonville, TX 75766						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Schedule G reimbursement 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date 08/26/2024	Payee name Nichols, Robert L. (Mr.)						
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 1591 Jacksonville, TX 75766						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Reimbursement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/26/2024	Nichols, Robert L. (Mr.)						
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 1591						
		Jacksonville, TX 75766						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. . TX, officeholder living expense eimbursements					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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 The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 40/72 Rpt:	Nichols, Robert Lee (The Honorable) 00035962							
4	Date 10/28/2024	Payee name Nichols, Robert L. (Mr.)							
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P. O. Box 1591 Jacksonville, TX 75766							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Schedule G reimbusements							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/25/2024	Nichols, Robert L. (Mr.)							
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 1591							
		Jacksonville, TX 75766							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense reimbursement						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/26/2024	Nichols, Robert L. (Mr.)							
	Amount (\$) \$300.00	Payee address;City;State;Zip CodeP. O. Box 1591							
		Jacksonville, TX 75766							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Reimbursement						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE (CATEGOR	RIES FOF	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 Exp Imittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense ages/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					3	Filer ID (Ethics Commission Filers)	.)
-	Sch: 41/72 Rpt:		Nichols, Robert Lee (The Hon	orable)				00035962	,
4	Date	5	Payee name						
	08/17/2024		Optimum						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$186.73		P.O. Box 70340						
			Phildelphia, PA 19176						
8	PURPOSE OF		Category (See Categories listed at the to		edule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Exper	ise				side of Texas. Complete Schedule T. K, officeholder living expense	
						Campaign in			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	jht		Office held	
	Date		Payee name						
	07/17/2024		Optimum						
	Amount (\$)		Payee address; City;	State:	Zip Co	le			
	\$162.37		P.O. Box 70340	etato,	, <u></u> p 00				
	\$102.01		1.0. Dox 10040						
			Phildelphia, PA 19176						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Office Overhead/Rental Exper		edule)			side of Texas. Complete Schedule T.	
								c, officeholder living expense ernet expense	
	Complete ONLY if direct		andidate/Officeholder name		Office sou	nht		Office held	
	expenditure to benefit C/OF					jin			
	Date		Payee name	_	_				-
	09/17/2024		Optimum						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$177.48		P.O. Box 70340						
			Phildelphia, PA 19176						
	PURPOSE	(a)	Category (See Categories listed at the to		edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Exper	ise				side of Texas. Complete Schedule T.	
								c, officeholder living expense	
						Officeholder	me		
		L	and the second		Dff:				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht		Office held	
		-							

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Oiling Expense Gitl/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 42/72 Rpt:	Nichols, Robert Lee (The Honorable) 00035962							
4	Date 10/17/2024	Payee name Optimum							
6		•							
0	Amount (\$) \$177.48	Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176							
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description							
Ū	OF	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense nternet services						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/17/2024	Optimum							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$177.48	P.O. Box 70340 Phildelphia, PA 19176							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense 4r/campaign internet service						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/17/2024	Optimum							
	Amount (\$) \$177.48	Payee address;City;State;Zip CodeP.O. Box 70340							
		Phildelphia, PA 19176							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense r/campaign internet service						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Equipment & Related Expense t strict
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 43/72 Rpt:	Nichols, Robert Le	e (The Honorable)			00035962	
4	Date	Payee name				1	
	12/26/2024	Orr, Allyson (Ms.)					
6	Amount (\$)	Payee address;	City; State	; Zip Cod	9		
	\$823.50	2705 Park View D	r.				
		Austin, TX 78757					
8	PURPOSE	Category (See Catego	ries listed at the top of this sch	nedule) (I	Description		
	OF EXPENDITURE	Salaries/Wages/C	ontract Labor			outside of Texas. Con	
						n, TX, officeholder living ayroll expense	g expense
					Campaign pa		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name (Office soug	nt	Office h	eld
	Date	Payee name					
	09/04/2024	Pappadeaux #3					
	Amount (\$)	Payee address;	City; State	; Zip Cod	9		
	\$145.30 6319 N I-35						
		Austin, TX 78752					
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Food/Beverage Ex	ries listed at the top of this sch (pense	nedule) (I	Check if Austin	outside of Texas. Con n, TX, officeholder livin & staff to discu t & progress	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name (Office soug	nt	Office h	eld
	Date	Payee name					
	09/30/2024	Pappadeaux #3					
	Amount (\$) \$237.79	Payee address; 6319 N I-35	City; State	; Zip Cod	2		
		Austin, TX 78752		i			
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Food/Beverage E>	ries listed at the top of this sch (pense	nedule) (I	Check if Austin	outside of Texas. Con n, TX, officeholder livin & capitol staff t	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name (Office soug	nt	Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
		Accounting/Banking Fees Office Overhead/Ren Poolling Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Egal Services Salaries/Wages/Cont			oense ages/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: 44/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962
4	Date	5	Payee name				
	12/13/2024		Pappadeaux #3				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$800.00		6319 N I-35				
			Austin, TX 78752				
8	PURPOSE	<u> </u>			(b) Description		
ľ	OF	(",	Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	n, TX	, officeholder living expense
					Officeholder	sta	ff gifts
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ht		Office held
_	Date		Payee name				
	09/04/2024		Progressive County Mutual Insurance				
		<u> </u>		7: 0	1-		
	Amount (\$)			Zip Co	le		
	\$2,477.00		219 E. Commerce				
			Jacksonville, TX 75766				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment And Related	l			ide of Texas. Complete Schedule T.
	-		Expense				, officeholder living expense
					Campaign ve	enic	
	Operation ONITY is aligned		And the set of the set				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Int		Office held
-	Date		Payaa nama				
	08/07/2024		Payee name Quorum Report				
			· ·	710 00			
	Amount (\$)			Zip Co	le		
	\$600.00		P. O.Box 8				
			Austin, TX 78711				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
							, officeholder living expense
					Unicerioider	an	nual subscription
	Operations Operations						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Int		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ting/Banking Fees Office Overhead/Rental Expense ting Expense Food/Beverage Expense Polling Expense utions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense udidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor					
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 45/72 Rpt:	lichols, Robert Lee (The Honorable)		00035962			
4	Date	ayee name					
	07/07/2024	aconteur Media Company					
6	Amount (\$)	, , , , , , , , , , , , , , , , , , ,	Zip Code				
	\$2,000.00	. O. Box 26511					
		ustin, TX 78755					
8	PURPOSE	ategory (See Categories listed at the top of this sched	ule) (b) Description	on			
	OF EXPENDITURE	dvertising Expense		travel outside of Texas. Complete Schedule T.			
				Austin, TX, officeholder living expense Ider/campaign Digital Strategy & Account			
			Services				
9	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ice sought	Office held			
	Date	ayee name					
	07/07/2024	aconteur Media Company					
	Amount (\$)	ayee address; City; State;	Zip Code				
	\$59.80	. O. Box 26511					
	PUPPopp	ustin, TX 78755	(d)				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sched dvertising Expense	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Ider/campaign blast email services			
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name Off	ice sought	Office held			
	Date	ayee name					
	09/11/2024	aconteur Media Company					
	Amount (\$)	ayee address; City; State;	Zip Code				
	\$2,000.00	. O. Box 26511					
		ustin, TX 78755					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sched dvertising Expense	Check if	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Ider/campaign Digital Strategy & Account			
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name Off	ice sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 46/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962					
4	Date	Payee name						
	09/26/2024	Raconteur Media Company						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$59.80	P. O. Box 26511						
		Austin, TX 78755						
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		outside of Texas. Complete Schedule T.					
			TX, officeholder living expense campaign blast email services					
		Onceroidence	ampaigh blast email services					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/08/2024	Raconteur Media Company						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,000.00	P. O. Box 26511						
	PURPOSE	Austin, TX 78755						
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense campaign digital strategy & account					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/08/2024	Raconteur Media Company						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$59.80	P. O. Box 26511						
	\$00.00							
		Austin, TX 78755						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T.					
			TX, officeholder living expense campaign blast email services					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Transporta Travel in D Travel Out	
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 47/72 Rpt:		Nichols, Robert Lee (The	Honorable)			000359	62
4	Date	5	Payee name					
	11/12/2024		Raconteur Media Compa	iny				
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le		
	\$2,000.00		P. O. Box 26511					
			Austin, TX 78755					
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	b) Description		
	OF EXPENDITURE		Advertising Expense					Complete Schedule T.
							n, TX, officeholder	
						Services	campaign L	Digital Strategy & Account
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(Office soug	ht	Offic	ce held
	Date		Payee name					
	11/12/2024		Raconteur Media Compa	iny				
Amount (\$) Payee address; City; State; Zip Code								
\$59.80 P. O. Box 26511								
	+00.00							
			Austin, TX 78755					
	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	nedule)	b) Description		
	EXPENDITURE		Advertising Expense				outside of Texas. n, TX, officeholder	Complete Schedule T.
						Officeholder/		
						Onicerioiden	campaigne	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office soug	ht	Offic	ce held
	•	-						
	Date		Payee name					
	12/09/2024		Raconteur Media Compa	iny				
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$2,000.00		P. O. Box 26511					
			Austin, TX 78755		i			
	PURPOSE OF		Category (See Categories listed	at the top of this sch	nedule)	b) Description	enterial (=	Ormalata Osha bi T
	EXPENDITURE		Advertising Expense				outside of Texas. n, TX, officeholder	Complete Schedule T.
						Digital strate		
						Services	gy & Accour	in a state of the
	0	<u> </u>		-	2.4%			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	nt	Offic	ce held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Transportation Equipment Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Com								Filer ID (Ethics Commission Filers)	
	Sch: 48/72 Rpt:		Nichols, Robert Lee (The Honorable)					00035962	
4	Date	5	Payee name						
	12/09/2024		Raconteur Media Company						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$59.80		P. O. Box 26511						
			Austin, TX 78755						
8	PURPOSE	(0)			(h)	Description			
ð	OF	(a)	Category (See Categories listed at the top of this so	chedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Advertising Expense					officeholder living expense	
						Blast email s	ervi	ices	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	12/31/2024		Raconteur Media Company						
⊢	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$2,000.00 P. O. Box 26511								
	42,000,000		1.0.20011						
			Austin, TX 78755						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense	
								& Account Services	
						Digital Strate	gy (a Account Services	
	Complete ONI V if direct		Condidate (Office helder name	Office cou	Incht			Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jynt			Office held	
		_							
	Date		Payee name						
	12/31/2024		Raconteur Media Company						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$59.80		P. O. Box 26511						
			Austin, TX 78755						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.	
								officeholder living expense	
						Officeholdr/C	am	paign e-mail blast services	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held	
		_					_		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	FILER N	AME				3 Filer ID	(Ethics Commission Filers)		
	Sch: 49/72 Rpt:		, Robert Lee (The Ho	norable)			00035962			
4	Date 09/25/2024	Payee n Raybur	ame 1 Resort							
6	Amount (\$)	' Payee a		Stato:	Zip Coo					
U	\$222.26	2376 W	ingate Blvd	State,	Σiρ Cot					
		BIOOKIa	nd, TX 75931							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Officeholder & staff - Superintendents meetings								expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	/Officeholder name	C	Office soug	ht	Office hel	d		
	Date	Payee n	ame							
	09/23/2024	Riversio								
	Amount (\$)	Payee a	ddress; City;	State:	Zip Coo	le				
	\$253.27		ockett St	,						
		Beaum	ont, TX 77701							
	PURPOSE OF EXPENDITURE		(See Categories listed at the everage Expense	top of this sch	edule)	Check if Austir	outside of Texas. Compl n, TX, officeholder living & & Staff to attend	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	C	Office soug	ht	Office hel	d		
	Date	Payee n	ame							
	09/10/2024		alian Bistro							
	Amount (\$) \$87.40	Payee a 318 S F	ddress; City; Ragsdale	State;	Zip Coo	le				
		Jacksor	nville, TX 75766							
	PURPOSE OF EXPENDITURE		(See Categories listed at the everage Expense	top of this sche	edule)	Check if Austir	outside of Texas. Compl n, TX, officeholder living e leal for constitue	expense		
	Complete ONLY if direct expenditure to benefit C/O	Candidate	/Officeholder name	C	Office soug	ht	Office hel	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense	Office Overh Polling Expe Printing Expe Salaries/Wag	ense jes/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 50/72 Rpt:		obert Lee (The Hond	orable)				00035962	
4	Date 09/10/2024	Payee name Roma Italia							
6 Amount (\$) 7 Payee address; City; State; Zip Code \$89.42 \$18 S Ragsdale Jacksonville, TX 75766									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Officeholder & staff to attend superintendent meeings							expense		
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Of	ffice sough	it		Office he	eld
	Date	Payee name	9						
	09/27/2024	Routh Stud	lio						
	Amount (\$) \$1,251.62	Payee addre 22940 Pris	cilla Lane	State;	Zip Code	2			
	PURPOSE OF EXPENDITURE		prings, LA 70726 See Categories listed at the to J Expense	pp of this sched	dule) (I		n, TX,	de of Texas. Com officeholder living npaign Chris	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Of	ffice sough	it		Office he	eld
	Date	Payee name)						
	10/01/2024	Routh Stud							
	Amount (\$) \$1,251.63	Payee addre 22940 Pris		State;	Zip Code	2			
		Denham S	prings, LA 70726						
	PURPOSE OF EXPENDITURE	Category (د Advertising	See Categories listed at the to Expense	op of this sched	dule) (I		а, тх, ′can		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Of	ffice sough	nt		Office he	eld

	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 Ove Polling Exp Printing Ex Salaries/W	oense ages/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: 51/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962		
4	Date	5	Payee name						
	11/23/2024		Senate Ladies Club						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le				
\$1,925.00 P.O. Box 12068									
			Austin, TX 78711						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Description				
-	OF		Event Expense	iedule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense		
						& fa	amily tickets to Senate Ladies Club		
					dinner				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
	09/24/2024		Shrimp Boat Manny's						
	Amount (\$)		Payee address; City; State;	; Zip Co	le				
	\$171.47		1324 W Church St	· •					
			Livingston, TX 77351						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
							taff - Superintendents meetings		
_	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	iht		Office held		
	expenditure to benefit C/OF				-				
-	Date		Payee name						
	07/26/2024		Sierra-Ortega, Jonathan (Mr.)						
-	Amount (\$)			; Zip Co	1e				
	\$1,044.22		6910 Hart #60	, zip co					
	φ <u>1</u> ,044.22								
			Austin, TX 78731						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Campaign pa	iyro	ווכ		
					• -				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Iht		Office held		
		·							

	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 I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contrac	Expense t Labor		Travel in District Travel Out of Distri	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 52/72 Rpt:		Nichols, Robert Lee (The Honorable)					00035962	
4	Date	5	Payee name						
	08/26/2024		Sierra-Ortega, Jonathan (Mr.)						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
\$270.72 6910 Hart #60									
	Austin, TX 78731								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Descr	iption			
	OF EXPENDITURE		Salaries/Wages/Contract Labor	ŕ	Che	eck if travel o	outsio	de of Texas. Compl	ete Schedule T.
								officeholder living e	expense
					Camp	paign pa	yro		
_								0111	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int			Office hel	a
	Date		Payee name						
	09/26/2024		Sierra-Ortega, Jonathan (Mr.)						
				7: 0	1-				
	Amount (\$)			Zip Co	le				
	\$270.72 6910 Hart #60								
			Austin TV 70721						
	DUDDOOF		Austin, TX 78731		()-> -				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Descr	•	outeir	de of Texas. Compl	ete Schedule T
	EXPENDITURE		Salaries/Wages/Contract Labor					officeholder living e	
						paign pa			
					-		-		
	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	jht			Office hel	d
	expenditure to benefit C/OI	4							
	Date		Payee name						
	10/28/2024		Sierra-Ortega, Jonathan (Mr.)						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$270.72		6910 Hart #60						
			Austin, TX 78731						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Descr	iption			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Compl	
								officeholder living e	expense
					Camp	baign pa	yro	II expenses	
_	Complete ONU V if dire at	Ļ	Condidate/Office helder		, bt			Office bet	d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jrit			Office hel	u
_	-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee Gift/Awards Legal Servi	age Expense /Memorials Expense	Office Overh Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schedule F1:	2 5					2	Filer ID	(Ethics Commission Filers)
1	Sch: 53/72 Rpt:		lichols, Robert Lee	(The Honorable)			3	00035962	
4	Date 12/26/2024		ayee name iierra-Ortega, Jona	than (Mr.)					
6 Amount (\$) 7 Payee address; City; State; Zip Code \$270.72 6910 Hart #60 Austin, TX 78731									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign payroll expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder	name O	office sough	t		Office held	1
	Date	Р	ayee name						
	11/25/2024	S	ierra-Ortega, Jona	than (Mr.)					
Amount (\$) Payee address; City; State; Zip Code \$270.72 6910 Hart #60									
	PURPOSE OF EXPENDITURE	(a) C	ustin, TX 78731 ategory _{(See Categorie} alaries/Wages/Cor	is listed at the top of this sche ntract Labor	edule) (k		ı, TX,	de of Texas. Comple officeholder living e: II expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						ł	
	Date	Р	ayee name						
	07/26/2024		laton, Michele (Ms	.)					
	Amount (\$) \$777.60		ayee address; C 835 Byrd	ity; State;	Zip Code	3			
		J	acksonville, TX 75	766					
	PURPOSE OF EXPENDITURE		ategory (See Categorie alaries/Wages/Cor	is listed at the top of this sche ntract Labor	edule) (k		I, TX,	de of Texas. Comple officeholder living e: 	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder	name O	office sough	t		Office held	1

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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				2	Filer ID (Ethics Commission Filers)			
1	Sch: 54/72 Rpt:		Nichols, Robert Lee (The Honorable)			3	00035962			
4	Date	5	Payee name							
	08/26/2024		Slaton, Michele (Ms.)							
6	Amount (\$)	7	vee address; City; State; Zip Code							
	\$777.60		1835 Byrd							
	Jacksonville, TX 75766									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF		Salaries/Wages/Contract Labor	euule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		U U				, officeholder living expense			
					Campaign pa	yrc	bll			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	09/26/2024		Slaton, Michele (Ms.)							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$777.60		1835 Byrd	•						
			Jacksonville, TX 75766							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
					Campaign pa	iyro	DII			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	10/28/2024		Slaton, Michele (Ms.)							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$877.60		1835 Byrd							
			Jacksonville, TX 75766							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense			
					Campaign pa					
					campaign pa	.,,,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
⊢										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/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	· · · ·			2	Filer ID (Ethics Commission Filers)		
1	Sch: 55/72 Rpt:		Nichols, Robert Lee (The Honorable)			3	00035962		
4	Date	5	Payee name						
	12/26/2024		Slaton, Michele (Ms.)						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
\$877.60 1835 Byrd									
			Jacksonville, TX 75766						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor	ouulo)	Check if travel		ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Campaign pa	yrc	oll expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	11/25/2024		Slaton, Michele (Ms.)						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$877.60		1835 Byrd						
			Jacksonville, TX 75766						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Touron, Complete Cabadula T		
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense		
					Campaign pa				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	09/26/2024		Storage Center - Jacksonville						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$390.00		1300 E. Pine St.						
			Jacksonville, TX 75766						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense ge bldg. rental		
					Campaign St	na	ge sing. Terrial		
	Complete ONLY if direct	Ļ	andidate/Officeholder name C	Office sou	abt		Office held		
	expenditure to benefit C/OI			AUCE SOU	grit		Onice neid		

	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 Expens Imittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense	
	Total pages Schedule F1:	2		kpiulii 5 l			12	Filer ID ((Ethics Commission Filers)	
	Sch: 56/72 Rpt:		Nichols, Robert Lee (The Honora	able)			³	00035962		
4	Date	5	Payee name							
	12/26/2024		Storage Center - Jacksonville							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$390.00		1300 E. Pine St.							
			Jacksonville, TX 75766							
_	DUDDOOF	<u> </u>				7				
8	PURPOSE OF		Category (See Categories listed at the top of		edule)	(b) Description	oute	ide of Texas. Comple	ato Schodulo T	
	EXPENDITURE		Office Overhead/Rental Expense	5				, officeholder living ex		
								ge rental expe		
						1.1.3				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held	1	
⊨	Date		Payee name							
	09/26/2024		Texas Federation of Republican	Wome	en					
-			Payee address; City;		Zip Coo					
	Amount (\$)			Sidle,	, Ζιρ Ουι	ie				
	\$950.00		13740 N Highway 183, Suite J4							
			Austin, TX 78750							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top on Event Expense	of this sche	edule)	Check if Austin	ı, TX	ide of Texas. Comple , officeholder living e: en Triangle Re		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	C	Dffice soug	ht		Office held	1	
	Date		Payee name							
	12/05/2024		Texas Senate							
	Amount (\$)		Payee address; City;	State.	; Zip Coo	<u>ام</u>				
	\$40.00		P. O. Box 12068	otuto,	, 20 000					
	ψ+0.00		1.0.000							
			Austin, TX 78711							
	PURPOSE OF		Category (See Categories listed at the top of		edule)	(b) Description				
	EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Comple		
	-							, officeholder living ex		
						Uniceriolaer	yiit	IULIA ASSILC	of Builders President	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	1	
	experience to benefit 0/01	•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/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: 57/72 Rpt:		Nichols, Robert Lee (The Honorable)				00035962		
4	Date 12/04/2024	5	Payee name Texas Senate						
6	Amount (\$)	7		Zip Co	de				
\$1,556.25 P. O. Box 12068									
	Austin, TX 78711								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense	,		outs	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Officeholder/	car	npaign constituent calendars		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held		
	Date		Payee name						
	11/25/2024		The Shoal						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$390.00		827 W. 12th St.						
			Austin, TX 78701						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Apt rent				ide of Texas. Complete Schedule T. , officeholder living expense		
							artment application fee		
					Oncentitier	apo			
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	aht		Office held		
	expenditure to benefit C/OI	Η							
	Date		Payee name						
	12/03/2024		The Shoal						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$2,568.93		827 W. 12th St.						
			Austin, TX 78701						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Rent & fees				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Officeholder	aµa			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	head/Rei ense pense ages/Con	eimbursement ntal Expense ttract Labor	ר ר ר	Fravel in District Fravel Out of Dist	quipment & Related Expense
	-		The Instruction Guide	explains	how to cor	nplete t				
1	Total pages Schedule F1:								iler ID	(Ethics Commission Filers)
	Sch: 58/72 Rpt:		Nichols, Robert Lee (The Honc	rable)				(0035962	
4	Date	5	Payee name							
	09/24/2024		Tia Juanita's							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$181.51		439 Hwy 90.							
			Liberty, TX 77575							
8	DUDDOCE	<u> </u>	-		I	(h) p				
°	PURPOSE OF		Category (See Categories listed at the top	o of this sch	edule)	UD (U) De	Scription Check if travel o	nutside	of Texas Comr	plete Schedule T.
	EXPENDITURE		Food/Beverage Expense			H			fficeholder living	
						Of	ficeholder &	& sta	aff - Superir	ntendents meetings
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	Jht			Office he	eld
	Date		Payee name							
	12/12/2024		Two Men & a Truck							
_	Amount (\$)	-	Payee address; City;	State	; Zip Co	le				
	\$722.50		1600 W. Ben White Blvd	Olulo,	, 20 00					
	ψ122.30		1000 W. Den Winte Divu							
			Austin, TX 78704							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Moving services	o of this sch	iedule)		Check if Austin,	TX, o	fficeholder living	olete Schedule T. expense ng expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice sou	Jht			Office he	eld
	Date		Payee name							
	08/08/2024		U.S. Postal Service Jville							
	Amount (\$)		Payee address; City;	State:	; Zip Co	le				
	\$13.83		400 W. Rusk	,	,					
			Jacksonville, TX 75766							
	PURPOSE OF		Category (See Categories listed at the top		iedule)	(b) De	scription			
	EXPENDITURE		Office Overhead/Rental Expen	se		∐ Of	Check if travel o Check if Austin, ficeholder p	TX, o	fficeholder living	olete Schedule T. expense
-	Complete ONLY if direct	<u></u>	andidate/Officeholder name	ſ	Office sou	iht			Office he	ld
	expenditure to benefit C/OI			C	21100 3000	jiit			Chice he	

			EXPENDITURE CA	TEGOR	IES 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 Expen mittee Legal Services The Instruction Guide e	ise	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor	T T T	ransportation E ravel in District ravel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3 F	iler ID	(Ethics Commission Filers)			
	Sch: 59/72 Rpt:		Nichols, Robert Lee (The Honor	rable)			0	0035962				
4	Date	5	Payee name				1					
	11/12/2024		U.S. Postal Service Jville									
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	е						
	\$266.00		400 W. Rusk									
	Jacksonville, TX 75766											
8	PURPOSE	<u> </u>	Category (See Categories listed at the top	<i></i>		b) Description						
Ũ	OF		Office Overhead/Rental Expens		dule)		outside	of Texas. Com	plete Schedule T.			
	EXPENDITURE					Check if Austin	n, TX, of	ficeholder living	expense			
						Campaign po	ost of	fice box an	nual rental			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Of	ffice soug	ht		Office he	eld			
	Date		Payee name									
	11/15/2024		U.S. Postal Service Jville									
	Amount (\$)		Payee address; City;	State;	Zip Coo	е						
	\$266.00		400 W. Rusk									
			Jacksonville, TX 75766									
	PURPOSE OF		Category (See Categories listed at the top		dule)	b) Description		(= 0				
	EXPENDITURE		Office Overhead/Rental Expens	e			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
						Campaign post office box annual renewal						
						1 - J - J - F						
	Complete ONLY if direct	C	andidate/Officeholder name	Of	ffice soug	ht		Office he	eld			
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/20/2024		U.S. Postal Service Palestine									
	Amount (\$)	\vdash	Payee address; City;	State;	Zip Coo	е						
	\$501.38		1213 N. Link									
			Palestine, TX 75803									
	PURPOSE OF		Category (See Categories listed at the top	of this sched	dule)	b) Description	outoid -	of Toyan Com	nlata Sabadula T			
	EXPENDITURE	'	Advertising Expense					of Texas. Comp ficeholder living	plete Schedule T. expense			
									ng ornaments			
		1						0	~			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Of	ffice soug	ht		Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 60/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962						
4	Date	Payee name							
	11/21/2024	U.S. Postal Service Palestine							
6	Amount (\$)	Payee address; City; State; Zip Code							
\$995.85 1213 N. Link									
	Palestine, TX 75803								
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
-	OF		el outside of Texas. Complete Schedule T.						
	EXPENDITURE		tin, TX, officeholder living expense						
		Officeholde	r/campaign mailing ornaments						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/26/2024	U.S. Treasury							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$6,276.00	Internal Revenue Service							
		Ogden, UT 84201							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Dayroll expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	08/27/2024	U.S. Treasury							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4,983.50	Internal Revenue Service							
	+ .,								
		Ogden, UT 84201							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense D ayrOll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	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 expl	O Pi Pi Si	Office Overh Polling Expe Printing Exp Salaries/Wa	ense jes/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 F	ILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 61/72 Rpt:		lichols, Robert Lee (The Honorab	le)				00035962	
4	Date 09/27/2024		ayee name J.S. Treasury						
6			-	State: 7	Zip Cod	2			
Ū	\$5,179.51	li	nternal Revenue Service	fiaic, 2					
8	PURPOSE		-						
8	OF EXPENDITURE		ategory (See Categories listed at the top of the additional sector of the additiona sector of the additional sector of th	nis schedu	ıle) (ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offi	ce sougl	it		Office held	
	Date	F	ayee name						
	10/28/2024	ι	J.S. Treasury						
	Amount (\$)	F	ayee address; City; S	State; Z	Zip Cod	9			
	\$5,234.50		nternal Revenue Service Ogden, UT 84201						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of the alaries/Wages/Contract Labor	nis schedu	_{ile)} (I		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense DII expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offi	ce sougl	it		Office held	
	Date	F	ayee name						
	12/27/2024		J.S. Treasury						
	Amount (\$) \$5,487.50		ayee address; City; S nternal Revenue Service	State; Z	Zip Cod	2			
		C	Ogden, UT 84201						
	PURPOSE OF EXPENDITURE		category (See Categories listed at the top of the calaries/Wages/Contract Labor	nis schedu	ıle) (İ		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense DII expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	ce sougl	nt		Office held	

			EXPENDITURE CATEG	ORIES FO	R BC	OX 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 Inmittee Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	verhea xpense Expense Wages	se s/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 Cabadula F1	1	•	13 110W to co	Jinpit	ete tills form.	2	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 62/72 Rpt:	2	Nichols, Robert Lee (The Honorable))			3	Filer ID (Ethics Commission Filers) 00035962
4	Date	5	Payee name					
	11/26/2024		U.S. Treasury					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode			
	\$5,234.50		Ordon UT 84201					
			Ogden, UT 84201		-			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense II expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	11/01/2024		U.S. Treasury					
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode			
	\$526.30		Internal Revenue Service Ogden, UT 84201					
	DUDDOOF	(-)	-		(1)			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	schedule)	(0)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Ity fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	10/16/2024		ULine					
	Amount (\$) \$162.38		Payee address; City; Sta 980 W. Bethel Rd.	te; Zip Co	ode			
			Coppell, TX 75019		1			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this a Advertising Expense	schedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense ng materials for constituent gifts
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:	-	3 Filer ID (Ethics Commission Filers)						
1	Sch: 63/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962						
4	Date 07/05/2024	5 Payee name Wal-Mart Jville							
6	Amount (\$) \$80.27	7 Payee address; City; State; Zip Code 1311 S. Jackson Jacksonville , TX 75766							
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense holder office supplies						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 08/08/2024	Payee name Wal-Mart Jville							
	Amount (\$) \$88.75	Payee address; City; State; Zip Code 1311 S. Jackson							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense District Office supplies						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/08/2024	Wal-Mart Jville							
	Amount (\$) \$117.44	Payee address; City; State; Zip Code 1311 S. Jackson							
		Jacksonville , TX 75766							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Jacksonville office supplies						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITUR	E CATEGORIES FO	R BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Ov Polling Expense Printing E	xpense Vages/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:	ILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 64/72 Rpt:	lichols, Robert Lee (The Ho	onorable)		00035962
4	Date 12/18/2024	Payee name Val-Mart Jville			
6	Amount (\$) \$121.52	vayee address; City; 311 S. Jackson acksonville , TX 75766	State; Zip Co	ode	
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at th Gift/Awards/Memorials Expe		Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense staff gifts & wrapping
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ight	Office held
	Date	ayee name			
	12/18/2024	Val-Mart Jville			
	Amount (\$) \$200.00	Payee address; City; 311 S. Jackson	State; Zip Co	ode	
		acksonville , TX 75766			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at th Gift/Awards/Memorials Expe			outside of Texas. Complete Schedule T. , TX, officeholder living expense Staff gifts
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ıght	Office held
	Date	ayee name			
	07/27/2024	Vall Street Journal			
	Amount (\$) \$54.11	Payee address; City; 211 Ave of the Americas	State; Zip Co	ode	
		lew York, NY 10036			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at th	e top of this schedule)	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense monthly subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ight	Office held

	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 F Inmittee Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 65/72 Rpt:		Nichols, Robert Lee (The Ho	onorable)				00035962	
4	Date	5	Payee name						
	08/24/2024		Wall Street Journal						
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	le			
-	\$54.11		1211 Ave of the Americas	,					
			New York, NY 10036						
8	PURPOSE	(a)	0			b) Description			
ľ	OF	("	Category (See Categories listed at th Fees	e top of this sch	edule)		outsi	ide of Texas. Compl	ete Schedule T.
	EXPENDITURE					Check if Austir	, TX	, officeholder living e	expense
						Officeholder	mo	nthly subscrip	otion
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office sou	ht		Office hel	d
	Date		Payee name						
	09/21/2024		Wall Street Journal						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le			
	\$54.11		1211 Ave of the Americas						
			New York, NY 10036						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at th Fees	e top of this sch	edule)			ide of Texas. Compl , officeholder living e	
						Officeholder	nev	ws paper subs	scripion
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office hel	d
	Date		Payee name						
	10/19/2024		Wall Street Journal						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le			
	\$54.11		1211 Ave of the Americas						
			New York, NY 10036						
	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	edule)	b) Description	outoi	ida of Toylog, Compl	ata Cabadula T
	EXPENDITURE		Fees					ide of Texas. Compl , officeholder living e	
								vspaper subs	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office hel	d
⊢									

				EXPENDITURE		RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lis The Instruction Guide explains how to complete this form.							quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers	5)
	Sch: 66/72 Rpt:		Nichols, Ro	obert Lee (The Ho	norable)				00035962		
4	Date	5	Payee name	2				<u> </u>			
	11/18/2024	-	Wall Street								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co					_
ľ	\$54.11	ľ		of the Americas	Oluie	, 20 00					
	\$04.11		12117.000	of the 7 meneus							
			Now Vork	NIX 10026							
			New York,	NY 10036							
8	PURPOSE OF	(a)		See Categories listed at the	e top of this sch	edule)	(b) Description				
	EXPENDITURE		Fees						ide of Texas. Com , officeholder living		
							Officeholder				
9	Complete ONLY if direct		Candidate/Of	ficeholder name	(Dffice sou	ht		Office he	jld	_
Ũ	expenditure to benefit C/OI		oundidate, or			511100 0004					
_	Date	<u> </u>	Payee name								_
	12/16/2024		Wall Street								
	Amount (\$)		Payee addre		State	; Zip Co	le				
	\$54.11		1211 Ave (of the Americas							
			New York,	NY 10036							
	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Fees						ide of Texas. Com		
							Officeholder		, officeholder living		
							Onicentitue	mo		iption	
_	Complete ONLY if direct		Candidato/Of	ficeholder name		Dffice sour	ht		Office he	bld	_
	expenditure to benefit C/OI		Sanuluale/OI	ilcenoider name	(lint		Once ne	nu	
	_	_									_
	Date		Payee name								
	08/02/2024			s Car Care Cente							
	Amount (\$)		Payee addre		State;	; Zip Co	le				
	\$80.00		1001 E. Rı	usk							
			Jacksonvil	le, TX 75766							
	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In D	District					ide of Texas. Com	•	
									, officeholder living		
							Officeholder	iue	i to attend m	ieeungs	
				e							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	ht		Office he	eld	
		•									

	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 I	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (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: 67/72 Rpt:		Nichols, Robert Lee (The Honorable)					00035962	
4	Date 07/23/2024	5	Payee name Westbrooks Car Care Center						
6 Amount (\$) \$64.00 \$64.00 Jacksonville, TX 75766 7 Payee address; City; State; Zip Code Jacksonville, TX 75766									
8	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder & staff to attend event 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	07/18/2024		Westbrooks Car Care Center						
	Amount (\$) \$86.34		Payee address; City; State; 1001 E. Rusk	; Zip Co	de				
	PURPOSE OF EXPENDITURE	(a)	Jacksonville, TX 75766 Category (See Categories listed at the top of this schu Transportation Equipment And Related Expense			Check if Austin,	, тх,	de of Texas. Complete Schedule T. officeholder living expense le maintenance	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	07/11/2024		Westbrooks Car Care Center						
	Amount (\$) \$83.00		Payee address; City; State; 1001 E. Rusk	Zip Co	de				
			Jacksonville, TX 75766						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel In District	edule)		Check if Austin,	, тх,	de of Texas. Complete Schedule T. officeholder living expense to attend meetings	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	

	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 Ove Polling Ex Printing Ex Salaries/W	rhead pense (pens /ages	e /Contract Labor		Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 68/72 Rpt:		Nichols, Robert Lee (The Honorable)					00035962	
4	Date	5	Payee name						
	07/01/2024		Westbrooks Car Care Center						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$80.00		1001 E. Rusk						
Jacksonville, TX 75766									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Travel In District	,		Check if travel	outsi	de of Texas. Complete	e Schedule T.
	EXPENDITORE							officeholder living exp	
						Officeholder 1	fuel	to attend mee	itings
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	08/14/2024		Westbrooks Car Care Center						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$74.00		1001 E. Rusk	•					
			Jacksonville, TX 75766						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	EXPENDITURE		Travel In District					de of Texas. Complete officeholder living exp	
								o attend meetir	
						e camp cagin ca	0		.9
⊢	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office held	
	expenditure to benefit C/OI				9				
⊨	Date		Payee name						
	09/09/2024		Westbrooks Car Care Center						
-	Amount (\$)			Zip Co	de				
	\$104.31		1001 E. Rusk	Ζιρ Ου	ue				
	ψ104.31		1001 L. RUSK						
			Jacksonville, TX 75766						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Travel In District					de of Texas. Complete	
								officeholder living exp	
							iuel	to travel to me	eeun iys
	Complete ONUM Station				er he t			0#	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ynt			Office held	

	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 mmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
-	Total names Calesdula F1.	1	· · · · · · · · · · · · · · · · · · ·	now to co	inplete this form.	1	Filer ID (Ethics Commission Filers)				
1	Total pages Schedule F1: Sch: 69/72 Rpt:	2	Nichols, Robert Lee (The Honorable)			3	Filer ID (Ethics Commission Filers) 00035962				
4	Date	5	Payee name								
	09/09/2024		Westbrooks Car Care Center								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$125.00		1001 E. Rusk								
			Jacksonville, TX 75766								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment And Related				ide of Texas. Complete Schedule T.				
			Expense				, officeholder living expense				
					Campaign ve	enic	cle maintenance				
	Complete ONLY if direct		Candidate/Officeholder name	Office cour	. ht		Office held				
9	expenditure to benefit C/OI			Office sou	JIIL		Onice held				
⊨	Date		Payee name								
	10/04/2024		Westbrooks Car Care Center								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$68.00		1001 E. Rusk	, 1							
			Jacksonville, TX 75766								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T. , officeholder living expense				
							I to travel to meetings				
⊢	Complete ONLY if direct	L(Candidate/Officeholder name 0	Office sou	jht		Office held				
	expenditure to benefit C/OI	Н									
⊨	Date		Payee name								
	10/18/2024		Westbrooks Car Care Center								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$67.00		1001 E. Rusk								
			Jacksonville, TX 75766								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	_					
	EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T.				
							, officeholder living expense I to travel to meetings				
					Cincenduel	ue					
-	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	nht		Office held				
	expenditure to benefit C/OI			51100 30U	jin						

			EXPENDITURE CATE	GORIES FO	R B	OX 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 expl	Office O Polling E Printing I Salaries/	verhea xpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related Expense
	Total pages Schedule F1:	2					3	Filer ID (Eth	nics Commission Filers)
-	Sch: 70/72 Rpt:		Nichols, Robert Lee (The Honorab	le)				00035962	
4	Date	5	Payee name						
	11/18/2024		Westbrooks Car Care Center						
6	Amount (\$)	7	Payee address; City; S	State; Zip C	ode				
	\$50.00		1001 E. Rusk						
			Jacksonville, TX 75766						
8	PURPOSE	(a)			(b)	Description			
ľ	OF	(~)	Category (See Categories listed at the top of the Travel In District	his schedule)	()		outsi	de of Texas. Complete S	Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living exper	nse
						Campaign fu	el to	o travel to event	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held	
	Data	<u> </u>							
	Date		Payee name						
	11/18/2024		Westbrooks Car Care Center						
	Amount (\$)		Payee address; City; S	State; Zip C	ode				
	\$244.46		1001 E. Rusk						
			Jacksonville, TX 75766						
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule)	(b)	Description			
	OF EXPENDITURE		Transportation Equipment And Re					de of Texas. Complete S	
			Expense					officeholder living exper	nse
						Campaign ve	hic	le maintenance	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	
_	Data	_							
	Date		Payee name Westbrooks Car Care Center						
	12/23/2024								
	Amount (\$)			State; Zip C	ode				
	\$49.00		1001 E. Rusk						
			Jacksonville, TX 75766						
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule)	(b)	Description			
	OF EXPENDITURE		Travel In District					de of Texas. Complete S	
								officeholder living exper	
					1	Officeholder	rue	I to travel to mee	etings
			Pandialata (Offia - I I-I	0.4				0#	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ugnt			Office held	

	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 Expe Legal Services The Instruction Guide		Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not li	elated Expense
1	Total pages Schedule F1:	2 FILF		-	-		3	Filer ID (Ethics Co	mmission Filers)
-	Sch: 71/72 Rpt:		nols, Robert Lee (The Hono	orable)				00035962	,
4	Date	5 Pay	ee name						
	07/05/2024	Zoo	m Video Communications,	Inc.					
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Code	!			
	\$34.09	55 A	Alamaden Blvd., 6th Floor						
		San	Jose, CA 95113						
_	DUDDOOD								
8	PURPOSE OF		gory (See Categories listed at the top		edule) (D	Description	outoi	de of Texas. Complete Schedule	х т
	EXPENDITURE	Оп	ce Overhead/Rental Expension	se				officeholder living expense	- 1.
						Officeholder			
								·	
9	Complete ONLY if direct	Cand	date/Officeholder name	0	ffice sough	t		Office held	
	expenditure to benefit C/OI			C					
	Date	Pay	ee name						
	08/08/2024	Zoo	m Video Communications,	Inc.					
⊢	Amount (\$)	Pav	ee address; City;	State.	Zip Code	1			
	\$34.09		Alamaden Blvd., 6th Floor	Olule,	210 0000				
	ψ04.09	557							
		San	Jose, CA 95113						
	PURPOSE	(a) Cate	gory (See Categories listed at the top	o of this sche	edule) (b) Description			
	OF EXPENDITURE		ce Overhead/Rental Expension		,	Check if travel	outsi	de of Texas. Complete Schedule	е Т.
	EXPENDITORE							officeholder living expense	
						Officeholder	mo	nthly zoom expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date/Officeholder name	O	ffice sough	t		Office held	
	Date	Pave	ee name						
	09/08/2024		m Video Communications,	Inc.					
	Amount (\$)		ee address; City;		Zip Code				
	\$34.09		Alamaden Blvd., 6th Floor	State,	Zip Coue				
	ψ04.05	557							
		0	1 04 05110						
		San	Jose, CA 95113		i				
	PURPOSE OF		gory (See Categories listed at the top		edule) (b) Description			
	EXPENDITURE	Offi	ce Overhead/Rental Expension	se				de of Texas. Complete Schedule	е Т.
						Officeholder		officeholder living expense	
						Uniceriolael	200	501 301 VICES	
_		0- "	data (Official - Islaw)					0#64-1-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	0	ffice sough	ι		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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	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:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
	Sch: 72/72 Rpt:	Nichols, Robert Lee (The Honorable)	00035962					
4	Date	Payee name						
	10/07/2024	Zoom Video Communications, Inc.						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$34.09	55 Alamaden Blvd., 6th Floor						
		San Jose, CA 95113						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF		utside of Texas. Complete Schedule T.					
	EXPENDITURE		TX, officeholder living expense					
		Officeholder z	oom services					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/12/2024	Zoom Video Communications, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$34.09	55 Alamaden Blvd., 6th Floor						
		San Jose, CA 95113						
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
			÷ ,					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
	Date	Payee name						
	12/09/2024	Zoom Video Communications, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$34.09	55 Alamaden Blvd., 6th Floor						
		San Jose, CA 95113						
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		utside of Texas. Complete Schedule T.					
			TX, officeholder living expense					
		Officeholder z	oom expenses					
	Complete ONUM Station		Office held					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense opense Travel in District xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 1/8 Rpt: 121/129	2 FILER NAME Nichols, Robert Lee (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035962		
4	Date 07/25/2024	5 Payee name Center Point Energy			
6	Amount (\$) \$38.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 00 P.O. Box 4981 Houston, TX 77252			
8	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 Jacksonville campaign office utilities		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 08/26/2024	Payee name Center Point Energy			
	Amount (\$) \$38.00 X Reimbursement from political contributions intended	\$38.00 P.O. Box 4981			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 09/26/2024	Payee name Center Point Energy			
	Amount (\$) \$38.00	Payee address; City; State; Zip Co P.O. Box 4981	ode		
	X Reimbursement from political contributions intended	Houston, TX 77252			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jacksonville Campaign office utilities		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ext - Gift/Awards/Memorials Expense Printing Ex	ayment/Reinbursement Solicitation/Fundraising Expense rhead/Rental Expense Transportation Equipment & Related Expense bense Travel in District rpense Travel Out of District /ages/Contract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule G: Sch: 2/8 Rpt: 122/129	2 FILER NAME Nichols, Robert Lee (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035962			
4	Date 10/28/2024	5 Payee name Center Point Energy				
6	Amount (\$) \$38.00 X Reimbursement from political contributions intended	 Payee address; City; State; Zip Col P.O. Box 4981 Houston, TX 77252 	P.O. Box 4981			
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
F	Date	Payee name				
	11/25/2024	Center Point Energy				
	Amount (\$) \$38.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77252				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
	Date 12/26/2024	Payee name Center Point Energy				
	Amount (\$) \$38.00	Payee address; City; State; Zip Co P.O. Box 4981	de			
	X Reimbursement from political contributions intended	Houston, TX 77252				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE C					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/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 G: Sch: 3/8 Rpt: 123/129	2 FILER NAME Nichols, Robert Lee (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035962		
4 Date 07/25/2024	5 Payee name City of Jacksonville				
6 Amount (\$) \$45.75 X Reimbursement from political contributions intended		P. O. Box 1390			
8 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date	Payee name				
08/26/2024	City of Jacksonville				
Amount (\$) \$45.75 Reimbursement from political contributions	Payee address; City; State; Zip C P. O. Box 1390	ode			
X political contributions intended	Jacksonville, TX 75766				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 09/26/2024	Payee name City of Jacksonville				
Amount (\$) \$45.75	Payee address; City; State; Zip C	ode			
X Reimbursement from political contributions intended	Jacksonville, TX 75766				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E	bayment/Reimbursement rerhead/Rental Expense xpense Expense Wages/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 G: Sch: 4/8 Rpt: 124/129	2 FILER NAME Nichols, Robert Lee (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035962		
4 Date 10/28/2024	5 Payee name City of Jacksonville				
6 Amount (\$) \$45.75 X Reimbursement from political contributions intended	 Payee address; City; State; Zip C P. O. Box 1390 Jacksonville, TX 75766 	P. O. Box 1390			
8 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 paign office utilities		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date	Payee name				
11/25/2024	City of Jacksonville				
Amount (\$) \$45.75 X Reimbursement from political contributions intended	Payee address; City; State; Zip C P. O. Box 1390 Jacksonville, TX 75766	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense paign office utilities		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 12/26/2024	Payee name City of Jacksonville				
Amount (\$) \$45.75	Payee address; City; State; Zip C P. O. Box 1390	ode			
X Reimbursement from political contributions intended	Jacksonville, TX 75766				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense paign office utilities		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Fees Office O Food/Beverage Expense Polling E By - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solicitation/Fundraising Expense bverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District S/Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule G Sch: 5/8 Rpt: 125/129		3 Filer ID (Ethics Commission Filers) 00035962		
4 Date 07/25/2024	5 Payee name Optimum			
6 Amount (\$) \$161.0 Reimbursement from political contributions intended	 7 Payee address; City; State; Zip C 0 P.O. Box 70340 Phildelphia, PA 19176 	Code		
8 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 Jacksonville campaign office internet		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date	Payee name			
08/26/2024	Optimum			
Amount (\$) \$161.0 Reimbursement from political contributions intended	ount (\$) Payee address; City; State; Zip Code \$161.00 P.O. Box 70340 P.O. Box 70340			
PURPOSE OF EXPENDITURE	Phildelphia, PA 19176 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Jacksonville campaign office internet		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date 09/26/2024	Payee name Optimum			
Amount (\$) \$161.0	Payee address; City; State; Zip C 0 P.O. Box 70340	Code		
X Reimbursement from political contributions intended	Phildelphia, PA 19176			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jacksonville Campaign office internet		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE C				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement Solicit: erhead/Rental Expense Transp pense Travel ypense Travel /ages/Contract Labor OTHE	ation/Fundraising Expense portation Equipment & Related Expense in District Out of District R (enter a category not listed above)	
1 Total pages Schedule G: Sch: 6/8 Rpt: 126/129	2 FILER NAME Nichols, Robert Lee (The Honorable)	3 Filer 0003	ID (Ethics Commission Filers) 85962	
4 Date 10/28/2024	5 Payee name Optimum			
6 Amount (\$) \$161.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date	Payee name			
11/25/2024	Optimum			
Amount (\$) \$161.00 X Reimbursement from political contributions intended	Amount (\$) Payee address; City; State; Zip Code \$161.00 P.O. Box 70340 P.O. Box 70340			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date 12/26/2024	Payee name Optimum			
Amount (\$) \$161.00	Payee address;City;State; Zip CP.O. Box 70340	de		
X Reimbursement from political contributions intended	Phildelphia, PA 19176			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	· 🖵	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense fice internet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe - Gift/Awards/Memorials Expense Printing Expr	ment/Reinbursement Solicitation/Fundraising Expense ead/Rental Expense Transportation Equipment & Related Expense nse Travel in District ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 7/8 Rpt: 127/129	2 FILER NAME Nichols, Robert Lee (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035962		
4	Date 07/25/2024	5 Payee name TXU Energy			
6	Amount (\$) \$55.25 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O.Box 650638 Dallas, TX 75265			
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense acksonville campaign office utilities		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date	Payee name			
	08/26/2024	TXU Energy			
	Amount (\$) \$55.25 X Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Dallas, TX 75265 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense J	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense acksonville campaign office utilities		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 09/26/2024	Payee name TXU Energy			
	Amount (\$) \$55.25	Payee address; City; State; Zip Code P.O.Box 650638			
	X Reimbursement from political contributions intended	Dallas, TX 75265			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense J	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense acksonville Campaign office utilities		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp - Gift/Awards/Memorials Expense Printing Exp	ment/Reimbursement Solicitation/Fundraising Expense nead/Rental Expense Transportation Equipment & Related Expense ense Travel in District ges/Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 8/8 Rpt: 128/129	2 FILER NAME Nichols, Robert Lee (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035962		
4	Date 10/28/2024	5 Payee name TXU Energy			
6	Amount (\$) \$55.25 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O.Box 650638 Dallas, TX 75265			
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dacksonville campaign office utilities		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 11/25/2024	Payee name TXU Energy			
	Amount (\$) \$55.25 X Reimbursement from political contributions intended	ient from			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dacksonville campaign office utilities		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 12/26/2024	Payee name TXU Energy			
	Amount (\$) \$55.25	Payee address; City; State; Zip Cod P.O.Box 650638	e		
	Reimbursement from political contributions intended	Dallas, TX 75265			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.					bages Schedule K: L/1 Rpt: 129/129	
2	2 FILER NAME 3 Fi			Filer ID	D (Ethics Commission	i Filers)	
	Nichols, Robert Lee (The Honorable) 00035				5962		
4	Date	5	Name of person from whom amount is received	1		8 Amount (\$)	
	07/20/2024		Nichols, Robert (Mr.)				\$447.12
		6	Address of person from whom amount is received; City; State; Zip Code				
		Ļ	Jacksonville, TX 75766				
		7	Purpose for which amount is received Check if p Reimbursement for travel expenses	oliti	cal cont	ribution returned to filer	
L			· · · · · · · · · · · · · · · · · · ·			i	
	Date		Name of person from whom amount is received			Amount (\$)	÷004.07
	08/10/2024	ļ	Nichols, Robert (Mr.)				\$964.87
			Address of person from whom amount is received; City; State; Zip Code				
			Jacksonville, TX 75766				
		⊢		oliti	cal cont	I ribution returned to filer	
			Reimbursement for travel expenses				
⊨	Date		Name of person from whom amount is received			Amount (\$)	
	09/14/2024		Nichols, Robert (Mr.)				\$868.10
			Address of person from whom amount is received; City; State; Zip Code				
	Address of person from whom amount is received, City; State; Zip Code						
			Jacksonville, TX 75766				
			<u> </u>	oliti	cal cont	ribution returned to filer	
			Reimbursement for travel expenses				
	Date		Name of person from whom amount is received			Amount (\$)	
	12/16/2024		Nichols, Robert (Mr.)				\$431.94
			Address of person from whom amount is received; City; State; Zip Code				
			Jacksonville, TX 75766				
		⊢		oliti	cal cont	I ribution returned to filer	
			Reimbursement for travel expenses	ontr			
⊨	Date		Name of person from whom amount is received			Amount (\$)	
	12/10/2024		Nichols, Robert (Mr.)			,	\$446.00
	Address of person from whom amount is received; City; State; Zip Code						
		Address of person non-whom amount is received, Oity, State, Zip Code					
	Jacksonville, TX 75766						
	Purpose for which amount is received Check if political contr				ribution returned to filer		
			Reimburse to campaign for Constitutional Chair				
Γ							