SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

	1 Filer ID 2 Total pages filed							
The SPAC Instruction	Guide explains how to complete this f	orm.	-	mission Filers) 93		 Total page 110 	yes mea:	
3 COMMITTEE NAME						OFFI	CE USE (Y INC
Friends of Dr. Gre	g Bonnen							
	-					Date Received ELECTRO 01/14/2025		FILED
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #	¢; CI	Y; STA	ATE; ZIP C	ODE			
ADDRESS	P.O. Box 1183					Date Hand-deliv	vered or Date Po	ostmarked
Change of Address								
	Friendswood, TX 77549-1183					Receipt #	Amou	unt
						Date Processed	1	
						Date Imaged		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST					MI		
NAME	Mrs. Kim							
	NICKNAME LAST					SUFFIX		
	Bonnen							
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	EASE);	A	PT / SUITE #;	CITY;		STATE;	ZIP CODE
TREASURER	405 David Street							
STREET ADDRESS								
(Residence or Business)	Friendswood, TX 77546							
7 CAMPAIGN	STREET OR PO BOX;		A	PT / SUITE #;	CITY;		STATE;	ZIP CODE
TREASURER MAILING	405 David Street							
ADDRESS								
	Friendswood, TX 77546							
Change of Address								
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMB	ER	EXTENSION					
PHONE	(281) 993-2846							
9 REPORT TYPE	X January 15	30t	n day before ele	ction		Exceeded me	odified reporti	ng limit
		8th	day before elect	tion		Dissolution (A	Attach PAC-D	R)
	July 15		off			l 1 10th day afta	r compoign tr	
		Rur	1011			termination	er campaign tr	easurer
10 PERIOD	Month Day Year			Mont	h Da	y Yea	r	
COVERED	07/01/2024	Tł	ROUGH		12/31/	2024		
11 ELECTION	ELECTION DATE			ELECTION TYP	E			
	Month Day Year	Prir	nary	Runoff		Other		
	11/05/2024	X Ger	neral	Special				
GO TO PAGE 2								
		60	I U PAGE Z	<u>.</u>				
orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7								

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Friends of Dr. Greg Bon	non		00067893			
			00007893			
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME				
		Dr. James Gregory Bonnen				
(Attach lists on plain	X Candidate					
paper to complete this report if necessary.)						
	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)			
		State Representative				
X SUPPORT						
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE		
			Month	Day Year		
(Candidate or Measure)						
I	Measure					
		DESCRIPTION				
(Officeholder)						
15 CONTRIBUTION		RIBUTIONS OF \$50 OR LESS (OTHER THAN	N PLEDGES,			
TOTALS	ELECTRONICALLY), UNI	ES OF LOANS, OR CONTRIBUTIONS MADE		\$ \$0.00		
	,,					
	2. TOTAL POLITICAL CO	ONTRIBUTIONS				
	(OTHER THAN PLEDGES	S, LOANS, OR GUARANTEES OF LOANS)		\$ \$505,709.62		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		\$ \$0.00		
1017/20				\$ \$0.00		
	4. TOTAL POLITICAL EX					
		(PENDITORES		\$ \$108,009.22		
				\$100,000.22		
	5. TOTAL POLITICAL CONT	FRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE			
BALANCE	REPORTING PERIOD			\$ \$2,081,167.34		
OUTSTANDING	6. TOTAL PRINCIPAL AMO	UNT OF ALL OUTSTANDING LOANS AS OF	THE LAST			
LOAN TOTALS	DAY OF THE REPORTIN	G PERIOD		\$ \$450,000.00		
16 AFFIDAVIT						
		I swear, or affirm, under penalty of per	jury, that the acc	companying report is true		
		and correct and includes all informatio Title 15, Election Code.	n required to be	reported by me under		
		The 15, Election Code.				
		Mrs. Kii	m Bonnen			
		-	mpaign Treasure	er		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subsaribad	hefore me by the said		his the	dov		
Sworn to and subscribed before me, by the said, this the, this the, of, 20, to certify which, witness my hand and seal of office.			day			
UI						
Signature of officer ad	ministering oath Print	ed name of officer administering oath	Title of office	er administering oath		
1						

S	UBT	OTALS - SPAC	C		ORM SPAC
		EE NAME f Dr. Greg Bonnen	18 Filer ID 00067893	(Ethics C	3 of 110
19 SC	HEDUL	E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	497,370.62
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	8,339.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
7.	Х	SCHEDULE E: LOANS		\$	450,000.00
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	108,009.22
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	420,000.00
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
14.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	30,889.44
				•	

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/40 Rpt: 4/110	
Ļ					-	、
2	FILER NAME Friends of D	r. Greg Bonnen		3	Filer ID (Ethics Commission 00067893	on Filers)
4	Date	5 Full name of contributor X out-of-state PAC (ID#:	C00040279)	7	Amount of Contribution (\$)	
	12/11/2024	ABBOTT Laboratories Employee PAC	/			\$750.00
		6 Contributor address; City; State; Zip Code				
		Abbott Park, IL 60064-6028				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ة)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/11/2024	AT&T Texas PAC				\$5,000.00
		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 X out-of-state PAC (ID#:	C00225342)		Amount of Contribution (\$)	
	12/13/2024	AbbVie PAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Chicago, IL 60064				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/11/2024	Action Behavior Centers Texas PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	12/11/2024	Ahlberg, Trevor (Mr.)				\$5,000.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75038				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	Chief Execut	tive Officer	Cottonwood Financial			
Γ						
1						

MONET	ARY POLITICAL C	CONTRIBUTIO	NS	SCHEDUL	.e A1
The Instruc	ction Guide explains how	v to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/40 Rpt: 5/110	
2 FILER NAME Friends of Dr.	r. Greg Bonnen			3 Filer ID (Ethics Commissio 00067893	n Filers)
11/14/2024			7 Amount of Contribution (\$)	\$2,500.00	
	Houston, TX 77027				
8 Principal occup	pation / Job title (See Instructions	\$)	9 Employer (See Instructions))	
Date 12/11/2024	Full name of contributor Altria Group PAC Contributor address; City; St	X out-of-state PAC (ID#: C)	Amount of Contribution (\$)	\$1,000.00
Principal occur	Washington, DC 20001 pation / Job title (See Instructions	3)	Employer (See Instructions))	
Date 12/13/2024	Full name of contributor American Homes 4 Rent ⁻ Contributor address; City; St Las Vegas, NV 89119)	Amount of Contribution (\$)	\$1,500.00
Principal occup	pation / Job title (See Instructions	3)	Employer (See Instructions))	
Date 12/13/2024	Full name of contributor Associated Builders & Co Contributor address; City; St) ouston PAC	Amount of Contribution (\$)	\$1,000.00
Principal occur	Houston, TX 77098 pation / Job title (See Instructions	3)	Employer (See Instructions))	
Date 09/28/2024	Full name of contributor Associated General Contr Contributor address; City; St Austin, TX 78768)	Amount of Contribution (\$)	\$5,000.00
Principal occur	pation / Job title (See Instructions	3)	Employer (See Instructions))	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/40 Rpt: 6/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2024 Austin Firefighters Association \$5,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78752 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/28/2024 Bailey, Shawn \$480.30 Contributor address; City; State; Zip Code League City, TX 77573 Principal occupation / Job title (See Instructions) Employer (See Instructions) AMOCO Fed. Credit Union President/CEO Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/22/2024 Beef PAC \$2,000.00 Contributor address; City; State; Zip Code Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/15/2024 Beer Alliance of Texas PAC \$2,500.00 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#: \$5,000.00 12/11/2024 Bennett, Montgomery Contributor address; City; State; Zip Code Dallas, TX 75254 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Ashford Inc

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/40 Rpt: 7/110
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Friends of D	r. Greg Bonnen		00067893
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	10/15/2024	Bing, Eric		\$1,000.00
		6 Contributor address; City; State; Zip Code		1
		Houston, TX 77056		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)
	Education C	onsulting	Thunderbird School of G	Global Management
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/24/2024	Bionat, Christian		\$480.30
		Contributor address; City; State; Zip Code		1
		League City, TX 77573		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Senior Direc	tor	Greater Houston Partne	ership
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/11/2024	Blackridge		\$5,000.00
		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 (\$)
	10/02/2024	CM Garver Investments		\$2,401.50
		Contributor address; City; State; Zip Code		1
		Houston, TX 77098		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/28/2024	Cain, Randy		\$250.00
		Contributor address; City; State; Zip Code		1
		Austin, TX 78763		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Attorney		Self	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/40 Rpt: 8/110	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[r. Greg Bonnen			00067893	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/25/2024	Callender, David				\$2,401.50
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77024				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician/Ac	Iministrator	Memorial Hermann			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/28/2024	Cammack and Strong P.C.				\$300.00
		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 (\$)	
	12/11/2024	Capital Leadership Fund				\$1,000.00
		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 (\$)	
	12/11/2024	Carriage House Partners LLC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78767				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/26/2024	Castleman, Ryan & Pamela				\$2,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77057				
		pation / Job title (See Instructions)	Employer (See Instructions			
	CEO		Castleman Developmen	t		

L						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/40 Rpt: 9/110	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Friends of D	r. Greg Bonnen			00067893	,
4	Date	5 Full name of contributor X out-of-state PAC (ID#:)	C00397851)	7	Amount of Contribution (\$)	
	12/11/2024	Centene Corporation PAC				\$2,000.00
		6 Contributor address; City; State; Zip Code				
		St Louis , MO 63105				
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 (\$)	
	12/11/2024	Charter Communications, Inc. Texas PAC				\$2,500.00
		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 X out-of-state PAC (ID#: (000035006)		Amount of Contribution (\$)	
	12/13/2024	Chevron Employees Pac				\$1,000.00
		Contributor address; City; State; Zip Code				
		Con Domon. 04.04500				
⊢	<u> </u>	San Ramon, CA 94583		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor I out-of-state PAC (ID#:	C00348938)		Amount of Contribution (\$)	# 500.00
	10/29/2024	Chubb Group Holdings Inc. PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Philadelphia, PA 19106				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i incipal occu			<i>י</i>		
╞	Data			_		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Chun Chang, Amber Sean)		Amount of Contribution (\$)	\$500.00
	12/11/2024	-				φ300.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Office Specia		All City RealEstate	,		
⊢			,			

SCHEDULE	A1
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	The Instru	ction Guide explains how to compl	lete this fo	orm.	1	Total pages Schedule A1: Sch: 7/40 Rpt: 10/110	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Friends of D	r. Greg Bonnen				00067893	
4	Date	5 Full name of contributor X out-of-sta	ate PAC (ID#: <u>C</u>)	7	Amount of Contribution (\$)	
	12/11/2024	Cigna Corporation PAC					\$1,000.00
		6 Contributor address; City; State; Zip Cod	 е				
		Philadelphia, PA 19192					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Colyandro, John					\$480.30
		Contributor address; City; State; Zip Cod	 е				
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Public Affairs	s Consultant		Colyandro Public Affairs			
F	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	12/06/2024	Colyandro, John		······································			\$1,000.00
		Contributor address; City; State; Zip Cod	e				
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Public Affairs	s Consultant		Colyandro Public Affairs			
F	Date	Full name of contributor X out-of-sta	ate PAC (ID#: <u>C</u>)		Amount of Contribution (\$)	
	12/11/2024	Comcast Corporation and NBC Unive					\$3,500.00
		Contributor address; City; State; Zip Cod					
		Philadelphia, PA 19103					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
F	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	10/15/2024	Conner, Matthew					\$2,500.00
		Contributor address; City; State; Zip Cod	e				
		Cypress, TX 77443					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Managing Pr	rincipal		Arete Public Affairs			
⊢							
I							

SCHEDULE	A1
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ד	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/40 Rpt: 11/110	
2 F	ILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		r. Greg Bonnen			00067893	- ,
4 C	Date	5 Full name of contributor X out-of-state PAC (ID#	≿ <u>C00030734.</u>)	7	Amount of Contribution (\$)	
1	L2/11/2024	Constellation Brands , Inc. PAC				\$500.00
	ł	6 Contributor address; City; State; Zip Code				
		Victor, NY 14564				
8 F	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
C	Date	Full name of contributor X out-of-state PAC (ID#	: C00086617)	Γ	Amount of Contribution (\$)	
1	L0/15/2024	Cornerstone Government Affairs Texas PAC				\$500.00
	1	Contributor address; City; State; Zip Code				
		Washington, DC 20024				
F	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
				—		
	Date	Full name of contributor X out-of-state PAC (ID#	<u> </u>		Amount of Contribution (\$)	* 2 000 00
T	L0/15/2024	DOW PAC				\$2,000.00
	Contributor address; City; State; Zip Code					
		Midland, MI 48674				
F	rincipal occu	I pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
D	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
0	9/28/2024	DPSOA-PAC				\$1,000.00
	I	Contributor address; City; State; Zip Code				
	- 1	Austin, TX 78752		Ĺ		
F	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	L2/11/2024	Delisi Communications PAC				\$1,000.00
	Contributor address; City; State; Zip Code					
		Austin, TX 78701				
P	rincipal 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: 9/40 Rpt: 12/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/15/2024 EHRA Engineering, PAC \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/15/2024 \$1,000.00 EMPACT Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor X out-of-state PAC (ID#: C00197228 Amount of Contribution (\$) Date 08/17/2024 **Elevance Health PAC** \$5,000.00 Contributor address; City; State; Zip Code Washingington, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor X out-of-state PAC (ID#: C00197228 Amount of Contribution (\$) 12/13/2024 \$5,000.00 **Elevance Health PAC** Contributor address; City; State; Zip Code Washingington, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2024 \$500.00 Energy Transfer Partners Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 10/40 Rpt: 13/110
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	or. Greg Bonnen		00067893
4 Date	5 Full name of contributor X out-of-state PAC (ID#	: C00219642)	7 Amount of Contribution (\$)
12/11/2024	Enterprise Holdings, INC PAC		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	St. Louis, MO 63105		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
Dale 11/26/2024	Full name of contributor out-of-state PAC (ID#: FOMCPAC	:)	4mount of Contribution (\$) \$5,000.00
11/20/2024			φ0,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
			'
Date	Full name of contributor out-of-state PAC (ID#:	±)	Amount of Contribution (\$)
10/15/2024	Fertita, Tilman (Mr.)		\$25,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
	upation / Job title (See Instructions)	Employer (See Instructions))
President		Landry's Corp.	
Date	Full name of contributor out-of-state PAC (ID#	······································	Amount of Contribution (\$)
12/11/2024	Focused Advocacy PAC		\$1,500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701-2402		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
12/11/2024	Friends of TSTC PAC	/	\$1,000.00
	Contributor address; City; State; Zip Code		-
1	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Principal occu		Employer (See Instructions))
Principal occu		Employer (See Instructions;)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/40 Rpt: 14/110
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	r. Greg Bonnen		00067893
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/11/2024	Friends of UNT PAC		\$5,000.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75380		
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 (\$)
10/22/2024	Friends of UT Dallas		\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75240		
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	Friends of UT System PAC		\$10,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2024	Friends of the TTU System PAC		\$25,000.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 74909		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2024	Friends of the University PAC		\$10,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78763		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
		·	

6 Contributor address; City; State; Zip Code Conway, AR 72034 Conway, AR 72034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/17/2024 Galveston Republican Women PAC Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code League City, TX 77574 Amount of Contributions) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/28/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/28/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/28/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00 Date Full name of contributor out-of-state PAC (ID#:	2 FILER NAME		form.		
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Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor (2) out-of-state PAC (IDE: 00440453) Gainwell Holding Corp PAC 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 3,500.00 7 Date Full name of contributor (2) out-of-state PAC (IDE:) Amount of Contribution (\$) 3,500.00 9 Employer (See instructions) 9 Employer (See instructions) Amount of Contribution (\$) \$1,000.00 10/17/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$1,000.00 10/17/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$1,000.00 03/28/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$1,000.00 03/28/2024 Full name of contributor out-of-state PAC (IDE:	Friends of D			-	on Filers)
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6 Contributor address; City; State; Zip Code 2 Conway, AR 72034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor	12/11/2024				\$3,500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 10/17/2024 Full name of contributor					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 10/17/2024 Full name of contributor					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 10/17/2024 Full name of contributor					
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10/26/2024 Giglio, Charles \$5,000.00 Contributor address; City; State; Zip Code			<u> </u>		
Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	t=
	10/26/2024	-			\$5,000.00
Beaumont, TX 77707		Contributor address; City; State; Zip Code			
Beaumont, TX 77707					
Detailong in the		Reaumont TX 77707			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu		Employer (See Instructions))	
Giglip Distributing CEO	-)	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/40 Rpt: 16/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/15/2024 Grace and McEwan Consulting \$2,500.00 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 (\$) 10/15/2024 \$1,000.00 Gray Reed PAC Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 10/15/2024 Gulf States Toyota Inc. State PAC \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/05/2024 \$1,000.00 HOME-PAC Greater Houston Builders Association Contributor address; City; State; Zip Code Houston, TX 77064 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/28/2024 \$1,000.00 HOMEPAC of the Texas Assn. of Builders Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTIC)NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/40 Rpt: 17/110
	FILER NAME Friends of Di	r. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
	Date 12/13/2024			7 Amount of Contribution (\$) \$500.00
		Austin, TX 78701		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))
	Date 12/11/2024	Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions))
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	Date Full name of contributor out-of-state PAC (ID#:) 10/11/2024 HS Law PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions))
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#: Hanna, Debbie Contributor address; City; State; Zip Code Austin, TX 78703		Amount of Contribution (\$) \$1,000.00
	Principal occu Financial Co	upation / Job title (See Instructions) onsultant	Employer (See Instructions) Self)
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#: Hartman, Gordon Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5,000.00
		San Antonio, TX 78216		
	Real Estate I	upation / Job title (See Instructions) Developer	Employer (See Instructions) Hartman Center)

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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 15/40 Rpt: 18/110		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Dr. Greg Bonnen	l		00067893	
4		5 Full name of contributor out-of-state PAC (ID#:_)	+	Amount of Contribution (\$)	
-	10/29/2024	HeartPlace PAC	/	·		\$2,000.00
	10/20/202.			ł		Ψ2,000.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 77549-7524	1			
8	Princinal occu		9 Employer (See Instructions	<u>ا</u>		
				<i>י</i> י		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/05/2024	Hopping, Disiree and Ron (Dr.)	l			\$1,000.00
		Contributor address; City; State; Zip Code		1		
			l			
			I			
		Friendswood, TX 77546	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctors		Hopping Eye Associates	S		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/15/2024	Houston Associated General Contractors PAC				\$1,000.00
		Contributor address; City; State; Zip Code		ł		
			I			
			l			
		Houston, TX 77092	l			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 3)		
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╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/15/2024	Houston Pilots PAC Fund				\$500.00
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		Deer Park, TX 77536	l			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/15/2024	Houston Pilots PAC Fund				\$1,000.00
		Contributor address; City; State; Zip Code		ł		+_,
		Contributor address, City, State, Zip Code				
			I			
		Deer Park, TX 77536	l			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/40 Rpt: 19/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2024 IATSE 484 PAC Fund \$1,000.00 6 Contributor address; City; State; Zip Code Carrollton, TX 75007 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/15/2024 **IBC State PAC** \$2,500.00 Contributor address; City; State; Zip Code San Antonio, TX 78205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 09/28/2024 Independent Bankers Association of Texas 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 (\$) 12/11/2024 Jackson Walker, LLP PAC \$2,000.00 Contributor address; City; State; Zip Code Dallas, TX 75202-3748 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor X out-of-state PAC (ID#: C00010983 Amount of Contribution (\$) \$1,000.00 10/11/2024 Johnson & Johnson PAC Contributor address; City; State; Zip Code Washington, DC 20005 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The Instru	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/40 Rpt: 20/110	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
-		r. Greg Bonnen				00067893	J ,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/27/2024	Johnson, David					\$1,041.02
	I	6 Contributor address; City; State	e; Zip Code		1		
		Friendswood, TX 77546					
8		pation / Job title (See Instructions)	ې ا	9 Employer (See Instructions	3)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/15/2024	Johnson, John	_				\$10,000.00
	1	Contributor address; City; State			1		
			-				
	I	Houston, TX 77007					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>-</u> 5)		
	President			Silver Eagle Houston			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/15/2024	Joiner, Carl (Mr.)	J				\$1,000.00
	I	Contributor address; City; State	e. Zin Code		•		
			5, 219 0000				
		Kemah, TX 77564					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Architect			Joiner Partnership, Inc.			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Junior and Community Colle				,	\$2,000.00
	*= , * =, = -	Contributor address; City; State	-		•		¥=,
			e, Zip Coue				
		Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	⊥ 5)		
		, , , , , , , , , , , , , , , , , , ,		<u> </u>	-,		
╞	Date	Full name of contributor	out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	12/11/2024	K&L Gates LLP Committee 1		J			\$1,000.00
	12/11/2024			L			φ1,000.00
		Contributor address; City; State	e; Zip Code				
		Dallas, TX 75201					
_	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions			
	Ρπιτιμαί στου	pallon / Job line (See instructions)			5)		
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	The Instru	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 18/40 Rpt: 21/110	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
[r. Greg Bonnen			-	00067893	
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2024	Karlsruher, David & Jessica					\$100.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78737					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Principal			Root Strategies			
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	10/26/2024	Kevin Roberts Campaign Fund					\$1,000.00
		Contributor address; City; State; Zip Code					
		Spring, TX 77379					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2024	Kirby Corp PAC					\$2,500.00
		Contributor address; City; State; Zip Code					
		Laustan TV 77007					
┝	Drizainal agou	Houston, TX 77007	—	Employer (Cap Instructions	<u> </u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	* 250.00
	09/28/2024	Laine, Dale					\$250.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
┝	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Consultant			Laine Strategy GroupLL			
╞			= : : : : : : : : : : : : : : : : : : :		_	A super of Contribution (\$)	
	Date 10/26/2024	Full name of contributor out-of-state F Lanier, Mark & Becky	PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	· · · · · · · · · · · · · · · · · · ·				Φο,000.00		
	Contributor address; City; State; Zip Code						
		Houston, TX 77070					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney	, , , , , , , , , , , , , , , , , , ,		Lanier Law Firm	,		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/40 Rpt: 22/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2024 Linebarger Goggan Blair and Sampson, LLP \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78760 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/15/2024 Lundquist, Tama \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) **RouTTe One Productions** Vice President Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/28/2024 MOAK Casey PAC \$2,500.00 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 (\$) 12/11/2024 \$500.00 MOAK Casey 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#:_ \$2,000.00 12/11/2024 Manufacturers PAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Instruc	tion Guide explains how to complete th	1	Total pages Schedule A1: Sch: 20/40 Rpt: 23/110		
2 FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
ds of Dr	: Greg Bonnen			00067893	
	5 Full name of contributor X out-of-state PAC (I	(ID#: <u>C00225342</u>)	7	Amount of Contribution (\$)	
8/2024	McGuire Woods Federal PAC				\$500.00
	6 Contributor address; City; State; Zip Code				
	Richmond, VA 23219				
pal occur	pation / Job title (See Instructions)	9 Employer (See Instruction:	s)		
	Full name of contributor out-of-state PAC (I)	Τ	Amount of Contribution (\$)	
2/2024	McReaken, Douglas				\$10,000.00
	Contributor address; City; State; Zip Code		.		
ļ					
	Pearland, TX 77581				
	pation / Job title (See Instructions)		s)		
ed		Retired			
	Full name of contributor X out-of-state PAC (I	ID#: C00097485	T	Amount of Contribution (\$)	
5/2024	Merck Employees PAC				\$1,000.00
	Contributor address; City; State; Zip Code		"		
ļ					
	Washington DC, DC 20004				
pal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)		
I	Full name of contributor out-of-state PAC (I		Τ	Amount of Contribution (\$)	
4/2024	Moreno, Mark				\$1,000.00
	Contributor address; City; State; Zip Code		"		
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			s)		
ital Adm		MD Anderson			
)	T	Amount of Contribution (\$)	
8/2024	Munoz, Lindsay				\$960.60
Contributor address; City; State; Zip Code]		
			s)		
rnment	Affairs	Whitmire Munoz LLC			
	NAME ds of Dr /2024 /2024 pal occur //2024 j/2024 j/2024 j/2024 j/2024	Image: Name ds of Dr. Greg Bonnen Image: Washington Dc, DC 20004 Image: Washington Dc, Mark Image: Washington Dc, Mark Image: Washington Cantributor Image: Wash	ds of Dr. Greg Bonnen //2024 § Full name of contributor is out-of-state PAC (ID#:_C00225342) //2024 McGuire Woods Federal PAC 6 Contributor address; City; State; Zip Code Richmond, VA 23219 9 bal occupation / Job title (See Instructions) 9 Full name of contributor out-of-state PAC (ID#:) //2024 Full name of contributor out-of-state PAC (ID#:) //2024 Full name of contributor out-of-state PAC (ID#:) //2024 Full name of contributor is out-of-state PAC (ID#:) //2024 Full name of contributor is out-of-state PAC (ID#:) //2024 Full name of contributor is out-of-state PAC (ID#:) //2024 Full name of contributor is out-of-state PAC (ID#:) //2024 Merck Employees PAC Employer (See Instruction //2024 Merck Mark Contributor address; City; State; Zip Code	Instruction Guide explains how to complete this form. INAME ds of Dr. Greg Bonnen IC Greg Bonnen IC Guide explains how to complete this form. IC Greg Bonnen IC Guide explains how to complete this form. IC Guide explains how to complete this form. IC Guide explains how to complete the explain how to complete the explains how	NAME 3 Fier ID (Enrics Commission) ids of Dr. Greg Bonnen 3 Fier ID (Enrics Commission) iv2024 5 Full name of contributor iou: of-state PAC (De: C00225342) iv2024 6 Contributor address; City: State; Zip Code 7 Amount of Contribution (S) iv2024 6 Contributor address; City: State; Zip Code

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/40 Rpt: 24/110	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		or. Greg Bonnen			00067893	JITT 110.0,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/14/2024	Munoz, Lindsay				\$480.30
		6 Contributor address; City; State; Zip Code	,	1		
		Houston, TX 77027				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Government	Affairs	Whitmire Munoz LLC			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/28/2024	NCHA's Texas Events PAC				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76107				
	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 (\$)	
	10/04/2024	Nau, John				\$9,606.00
		Contributor address; City; State; Zip Code	,	1		
		Houston, TX 77019				
	-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	ONCOR Texas State PAC				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75202				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/15/2024	Occidental Petroleum Corporation PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/40 Rpt: 25/110	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
		r. Greg Bonnen			-	00067893	
4	Date	5 Full name of contributor	x out-of-state PAC (ID#: <u>C</u>)))))))))))))))))))))))))))))))))))))))	7	Amount of Contribution (\$)	
	12/13/2024	One Gas Inc PAC					\$500.00
		6 Contributor address; City; State	e; Zip Code.				
		Tulsa, OK 74103					
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 (\$)	
	12/11/2024	Organizing for Texas Senior	rs				\$10,000.00
		Contributor address; City; State	e; Zip Code				
		Dallas, TX 75231					
	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	PAC for Engineers					\$1,000.00
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78768					
	Princinal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u>ר</u>		
	Timopa oot.				<i>y</i>		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/15/2024	PADFOOT PAC	-				\$2,500.00
		Contributor address; City; State	e; Zip Code.				
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	Dringing ogg	Houston, TX 77024	r	Employer (Cap Instructions	Ļ		
	Principal occu	<pre>upation / Job title (See Instructions)</pre>		Employer (See Instructions)		
	Date	Full name of contributor	x out-of-state PAC (ID#: C)	Γ	Amount of Contribution (\$)	
	12/11/2024	PFIZER PAC	-				\$1,500.00
	Contributor address; City; State; Zip Code						
		New York, NY 10001					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
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SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/40 Rpt: 26/110
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	r. Greg Bonnen		00067893
	5 Full name of contributor X out-of-state PAC (ID#:_	C00025395)	7 Amount of Contribution (\$)
12/13/2024	PNM Responsible Citizens Group		\$750.00
	6 Contributor address; City; State; Zip Code		
	Albuquerque, NM 87158		
8 Principal occuj	pation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor X out-of-state PAC (ID#:	C00103549)	Amount of Contribution (\$)
10/22/2024	Parsons Corporation PAC		\$500.00
	Contributor address; City; State; Zip Code		
	Pasadena, CA 91124		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2024	Pediatric Dentist PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78759	<u> </u>	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor	C00469205	Amount of Contribution (\$)
12/11/2024	Pediatrix Medical Group		\$10,000.00
	Contributor address; City; State; Zip Code		
	Sunrise, FL 33323		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/15/2024	PharmPac	\$2,500.00	
	Contributor address; City; State; Zip Code		
	Austin, TX 78746		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
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SCHEDULE	A1
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The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 24/40 Rpt: 27/110
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	r. Greg Bonnen		00067893
4 Date	5 Full name of contributor X out-of-state PAC (II	D#: C00513549)	7 Amount of Contribution (\$)
09/28/2024	Phillips 66 PAC		\$1,000.66
	6 Contributor address; City; State; Zip Code		1
	Washington DC, DC 20004		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Date	Full name of contributor X out-of-state PAC (II	 D#: <u>C00239780</u>)	Amount of Contribution (\$)
09/30/2024	Phillips North America LLC PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Washington, DC 20005		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
12/13/2024	Pitts, John		\$750.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 70019		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
President		Texas Star Alliance	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
09/28/2024	Poinsett PLLC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Pillicipai occu			›)
Date	Full name of contributor out-of-state PAC (II		Amount of Contribution (\$)
09/28/2024	Political Action Committee Of The Independe		\$500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78768		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/40 Rpt: 28/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/11/2024 Provider Coalition For Care PAC \$10,000.00 6 Contributor address; City; State; Zip Code Georgetown, TX 78633 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00097568 Amount of Contribution (\$) 09/28/2024 **RTX** Corporation \$750.00 Contributor address; City; State; Zip Code Arlington, VA 22209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/11/2024 **Restore Trust Texas** \$2,500.00 Contributor address; City; State; Zip Code Mountain Brook , AL 35223 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 \$2,000.00 Robison, Douglas and Angie Contributor address; City; State; Zip Code Abilene, TX 79605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Founder CEO Natura Resources Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 12/11/2024 \$500.00 Ron Lewis & Associates Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / 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: 26/40 Rpt: 29/110	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		or. Greg Bonnen			00067893	···· ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/15/2024	Rose, Larry and Helen				\$300.00
		6 Contributor address; City; State; Zip Code				
		Houston TV 77006				
<u>_</u>	Dringing oog	Houston, TX 77096	Employer (See Instructions	$\sum_{i=1}^{n}$		
ŏ	Рппсіраї осси	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>.</i> ,		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/22/2024	Rosenzweig, Robin Lynn				\$2,500.00
		Contributor address; City; State; Zip Code				
		Boca Raton, FL 33434				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Attorney		Colfax Law Office			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Rydman, John & Lindy				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77007				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Vision Keepe	er	Specs Liquor			
—	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/15/2024	Schwartz, Page, and Harding LLP				\$2,500.00
		Contributor address; City; State; Zip Code		1		
	Contributor address, City, State, Zip Code					
		Houston, TX 77056				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ن)		
F	Date	Full name of contributor X out-of-state PAC (ID#: C	200008748)	Γ	Amount of Contribution (\$)	
	08/17/2024	Sempra Energy			· · · · · · · · · · · · · · · · · · ·	\$2,000.00
		Contributor address; City; State; Zip Code				• •
		San Diego, CA 92101				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 5)		
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Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (DP:		
Friends of Dr. Greg Bonnen 00067893 4 Date 10/09/2024 5 Full name of contributor Shafi, Jay Amount of Contribution (\$) Shafi, Jay Amount of Contribution (\$) \$2,60 8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Lucent Dental Group Amount of Contribution (\$) \$1,00 09/28/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,00 09/28/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,00 Principal occupation / Job title (See Instructions) Political Consultant Employer (See Instructions) Self Amount of Contribution (\$) \$1,00 Pate Full name of contributor Dickinson, TX 77539 Employer (See Instructions) retired Amount of Contribution (\$) \$1,01 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$1,01 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$1,01 Principal occupation / Job title (See Instructions) retired Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,01 Principal occupation / Job title (See Instructions) retired Full name of contributor Austin, TX 78701 Amount of Contributions) Ronuer	The Instruction Guide explains how to complete this form.	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 29/40 Rpt: 32/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/11/2024 TNLA PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78745-6621 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/11/2024 **TREPAC Texas Association of Realtors PAC** \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78682-2246 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor X out-of-state PAC (ID#: C00066719 Amount of Contribution (\$) 10/11/2024 Tenaska Employees Texas PAC \$500.00 Contributor address; City; State; Zip Code Omaha, NE 68154 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/28/2024 **Texans For Lawsuit Reform PAC** \$10,000.00 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 (\$) 12/11/2024 **Texans For Lawsuit Reform PAC** \$6,550.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / 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: 31/40 Rpt: 34/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/11/2024 **Texas Apartment Association PAC** \$750.00 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 (\$) 12/13/2024 Texas Association for Home Care and Hospice \$5,500.00 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 10/16/2024 Texas Association of Pawn Brokers PAC \$500.00 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 (\$) 12/11/2024 \$1,000.00 **Texas Chemistry Council** 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 (\$) 12/11/2024 \$1,000.00 Texas College of Emergency Physicians PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	ILE A1
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2 FILER NAME Friends of Dr	r. Greg Bonnen		3	3 Filer ID (Ethics Commiss 00067893	ion Filers)
4 Date 10/29/2024) 7	7 Amount of Contribution (\$)	\$2,500.00
	Dallas, TX 75265				
B Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions)		
Date 12/11/2024	Full name of contributor Texas Dairymen PAC Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$1,000.00
Principal occu	Austin, TX 78711 Ipation / Job title (See Instructions	s)	Employer (See Instructions)		
Date 10/15/2024	Full name of contributor Texas Dental Association Contributor address; City; S Austin, TX 78704		ittee	Amount of Contribution (\$)	\$10,000.00
Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions)		
Date 12/11/2024	Full name of contributor Texas Early Childcare PA Contributor address; City; S)	Amount of Contribution (\$)	\$1,500.00
Principal occu	Houston, TX 77030	s)	Employer (See Instructions)		
		3)			
Date 12/11/2024	Full name of contributor Texas Health Care Assoc Contributor address; City; S)	Amount of Contribution (\$)	\$2,500.00
	Austin, TX 78701	<u>,</u>			
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		

MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1	
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2 FILER NAME Friends of Dr.	. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
12/11/2024	 Full name of contributor out-of-state PAC (ID#: Texas Instruments Incorporated PAC Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)\$1,000.00
	Dallas, TX 75243-0592		
3 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Mcdonalds Operators Association Contributor address; City; State; Zip Code))	Amount of Contribution (\$) \$1,000.00
Principal occup	Athens, TX 75751 pation / Job title (See Instructions)	Employer (See Instructions)	
Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Medical Association PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
Principal occup	Austin, TX 78701 Dation / Job title (See Instructions)	Employer (See Instructions)	
Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Texas Motion Picture Alliance PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$750.00
	Pearland, TX 77581		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Texas Nurse PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$2,000.00
	Austin, TX 78759		
Principal occup	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: 34/40 Rpt: 37/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 **Texas Nurse Practitioners PAC** \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78735 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/05/2024 **Texas Optometric PAC** \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/11/2024 **Texas Our Texas PAC** \$300.00 Contributor address; City; State; Zip Code Austin, TX 78767 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Texas Physicians for Patients PAC \$2,500.00 Contributor address; City; State; Zip Code Marble Falls, TX 78654 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 \$1,000.00 Texas Podiatric Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 35/40 Rpt: 38/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/15/2024 **Texas Radiological Society PAC** \$1,000.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78257 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/12/2024 \$1,500.00 **Texas Restaurant Association PAC** Contributor address; City; State; Zip Code Austin, TX 78767-1429 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 12/13/2024 Texas State Association of Fire Fighters \$1,200.00 Contributor address; City; State; Zip Code Austin, TX 78745 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 State University System PAC \$10,000.00 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 (\$) 12/13/2024 \$1,000.00 **Texas Travel Alliance Travel Pac** Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 36/40 Rpt: 39/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2024 **Texas Wine and Grape Growers** \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78757 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/28/2024 \$1,000.00 Texas agricultural Aviation Association PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor X out-of-state PAC (ID#: C00142711 Amount of Contribution (\$) Date 09/30/2024 The Boeing Company PAC \$2,000.00 Contributor address; City; State; Zip Code Arlington, VA 22202 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor X out-of-state PAC (ID#: 1658685 Amount of Contribution (\$) 09/28/2024 The Chickasaw Nation \$2,500.00 Contributor address; City; State; Zip Code Ada, OK 74820 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/11/2024 \$750.00 The Posey Law Firm Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 37/40 Rpt: 40/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/11/2024 The US Oncology Network \$2,500.00 6 Contributor address; City; State; Zip Code Woodlands, TX 77380 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 Toyota Motor North America, Inc, PAC \$2,000.00 Contributor address; City; State; Zip Code Washington, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/11/2024 **TXANA PAC** \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) X out-of-state PAC (ID#: C00571141 Date Full name of contributor Amount of Contribution (\$) 12/13/2024 \$500.00 UCB, Inc. PAC Contributor address; City; State; Zip Code Sausalito, CA 94965 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor X out-of-state PAC (ID#: C00064766 Amount of Contribution (\$) 10/15/2024 UPSPAC \$2,500.00 Contributor address; City; State; Zip Code Atlanta, GA 30328 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 38/40 Rpt: 41/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/11/2024 **USAA Employee PAC** \$1,000.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78288-0453 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor X out-of-state PAC (ID#:_ C00544957 Amount of Contribution (\$) 11/23/2024 \$1,000.00 USACS PAC Contributor address; City; State; Zip Code Canton, OH 44718 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor X out-of-state PAC (ID#: C00101766 Amount of Contribution (\$) Date 08/17/2024 United Airlines PAC \$750.00 Contributor address; City; State; Zip Code Chicago, IL 60606 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/12/2024 University of Houston PAC \$10,000.00 Contributor address; City; State; Zip Code Houston, TX 77227 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 12/13/2024 Valero Energy Corporation PAC \$1,500.00 Contributor address; City; State; Zip Code San Antonio, TX 78269 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 39/40 Rpt: 42/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/28/2024 Veterinarian PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78754 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/11/2024 Vistra Employment Pac \$2,000.00 Contributor address; City; State; Zip Code Irving, TX 77039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor X out-of-state PAC (ID#: C00093054 Amount of Contribution (\$) Date 12/11/2024 Walpac \$1,500.00 Contributor address; City; State; Zip Code Bentonville, AR 72716 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/28/2024 \$1,000.00 Wholesale Beer Distributors of Texas PAC 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 (\$) 10/26/2024 \$1,000.00 Zachry Construction Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78265-3240 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 40/40 Rpt: 43/110 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Friends of Dr. Greg Bonnen 00067893 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 10/11/2024 \$2,500.00 Zarrabi D.D.S, Saam (Dr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Rodeo Dental and Orthodontics Dentist Date Full name of contributor X out-of-state PAC (ID#: C00279455 Amount of Contribution (\$) 12/13/2024 \$1,000.00 Zeneca Inc. PAC Contributor address; City; State; Zip Code Wilmington, DE 19850 Principal occupation / Job title (See Instructions) Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 44/110				
	er. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 10/15/2024	 Full name of contributor out-of-state PAC (ID#: Fertita, Tilman (Mr.) Contributor address; City; State; Zip Code Houston, TX 77027)	8 Amount of 9 In-kind contribution contribution (\$) description \$3,991.39 Reception food and beverage				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions) -JUDICIAL				
President	······································	Landry's Corp.					
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Lock Lord LLP Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$3,697.61 Fundraiser Fee & Expenses				
	Houston, TX 77002		I Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: Second Floor Strategies Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$350.00 Invitation design for Austin Fundraiser				
	Austin, TX 78701		I Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 45/110						
2	FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Friends of Dr. Greg Bonnen			00067893					
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	\$							
5	Date 6 Full name of contributor out-of-state PAC (ID#:	1024 Texans For Lawsuit Reform PAC							
	Austin, TX 78701	1		Check if travel outside of Texas. Complete Schedule T.					
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	IDICIAL) (See instructions)					
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)							
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

LOANS				SCHEDULE E			
The Instruction	on Guide explains how to complete this f	orm.	-	ges Schedule E: 1 Rpt: 46/110			
2 FILER NAME Friends of Dr. G	reg Bonnen		3 Filer ID 000678	D (Ethics Commission Filers) 7893			
⁴ TOTAL OF UN	IITEMIZED LOANS			\$			
5 Date of loan 07/01/2024	7 Name of lender Out-of-state PA Bonnen, James Gregory (Dr.)	C (ID#:)	9 Loan Amount (\$) \$450,000.00			
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate			
No	Friendswood, TX 77546			11 Maturity Date 12/31/2024			
12 Principal occupation Neurosurgeon	on / Job title (See Instructions)	13 Employer (See Instructions Self Employed	5)				
14 Description of Col	ateral	15 Check if personal funds we	ere deposited	into political account (See Instructions)			
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)			
X not applicable	18 Guarantor address; City; State;	Zip Code					
20 Principal occupation	bn Dn	21 Employer (See Instructions	3)				
		I					

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift/ nittee Leg	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:	2 F	ILER NAME						3	Filer ID	(Ethics Commission File	ers)		
	Sch: 1/61 Rpt: 47/110		riends of Dr. (Greg Bonnen						00067893				
4	Date 08/07/2024		Payee name 4B Disaster Response											
6	Amount (\$)		Payee address;	City;	Stato	; Zip Co								
U	\$354.27	:	2700B Texas Ave Texas City, TX 77590											
8	PURPOSE	(a) (Category (Soo C	atogorios listod at the	ton of this sch	uodulo)	(b) De	escription						
	OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship Fee for Golf Tournament 												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeh	older name	C	Office sou	ght			Office he	eld			
	Date	F	Payee name											
	08/14/2024	4	B Disaster Re	sponse										
Amount (\$) Payee address; City; State; Zip Code														
	\$118.30		2700B Texas . Fexas City, TX	-										
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Fees	ategories listed at the	top of this sch	iedule)		Check if Austin,	, TX,	de of Texas. Com officeholder living for Golf Tot				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug					ught Office held							
	Date	F	ayee name											
	07/24/2024		A+ Pack N Shi	р										
	Amount (\$) \$20.22	F	Payee address; .620 S Friends	City;	State;	; Zip Co	de							
		F	riendswood,	TX 77546										
	PURPOSE OF EXPENDITURE			ategories listed at the Id/Rental Expe		edule)			, TX,	de of Texas. Com officeholder living	plete Schedule T. expense			
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeh	older name	C	Dffice sou	ght			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		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials 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: 2/61 Rpt: 48/110		Friends of Dr. Greg Bonnen					00067893					
4	Date	5	Payee name										
	10/31/2024		AJ & RA Investments LLC										
6	Amount (\$)	7		Zip Co	de								
	\$30,800.00		1816 Eagles Glen Cove										
			Austin, TX 78732										
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description							
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel		de of Texas. Com					
									ep Dr. Greg Bonnen				
						apartment 89	R	Legislature					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght			Office he	eld				
	Date		Payee name										
	11/25/2024		AT&T Services										
	Amount (\$)		Payee address; City; State;	Zip Co	de								
	\$90.78		PO Box 204089										
			Austin, TX 78720										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b)	X Check if Austin	, TX,		-				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght	ht Office held							
-	Date	<u> </u>	Payee name										
	12/27/2024		AT&T Services										
	Amount (\$)			Zip Co	de								
	\$200.00		PO Box 204089	210 000									
			Austin, TX 78720										
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description	outei	de of Texas. Com	nlete Schedule T				
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living					
	Internet service & set up for State Representative I												
						Greg Bonne's	s Al	ustin Apartm	ient				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			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	/ - al Cor	Event Expense Lo Fees O Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pr Legal Services Sa The Instruction Guide explains how	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: 3/61 Rpt: 49/110		Friends of Dr. Greg Bonnen				00067893					
4	Date	5	Payee name									
	09/18/2024		Adria Womens Health									
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	Э							
	\$2,500.00		10000 Emmett F Lowry Expy Suite 1240									
			Texas City, TX 77591									
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedul	_{ile)} (b) Description							
	OF EXPENDITURE		Contributions/Donations Made By			outsi	ide of Texas. Complete Schedule T.					
	EXPENDITORE		Candidate/Officeholder/Political Committee	ee			, officeholder living expense					
					Annual Gala	Do	nation					
_	-				-							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce sougl	nt		Office held					
	Date		Payee name									
10/25/2024 American Heart Association												
Amount (\$) Payee address; City; State; Zip Code												
	\$100.00 7272 Greenville Ave.											
			Dallas, TX 75231									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedul	_{ile)} (I	Description							
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense					
							for American Heart Walk					
					Ū							
	Complete ONLY if direct	(Candidate/Officeholder name Office	ce sougl	nt		Office held					
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/25/2024		American Heart Association									
	Amount (\$)		Payee address; City; State; Z	Zip Cod	9							
	\$100.00		7272 Greenville Ave.									
			Dallas, TX 75231									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedul	ıle) (l	Description							
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T.					
							, officeholder living expense for AHA Heart Walk					
					regionation		is. , a , a real wait					
	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name Offic	ce sougl	nt		Office held					
	expenditure to benefit C/Oł			Se cougi								
-												

	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/W	xpense Vages/Contract Labo	ise or	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: 4/61 Rpt: 50/110		Friends of Dr. Greg Bonnen				00067893						
4	Date	5	Payee name										
	10/25/2024		American Heart Association										
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	ode								
	\$100.00		7272 Greenville Ave.										
			Dallas, TX 75231										
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description	n							
	OF EXPENDITURE		Fees	,			tside of Texas. Complete Schedule T.						
							X, officeholder living expense						
					Registrati	ion Fe	ee for AHA Heart Walk						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	lght		Office held						
	Date		Payee name										
	11/13/2024		American Heart Association										
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode								
	\$100.00 7272 Greenville Ave.												
			Dallas, TX 75231										
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description		tside of Texas. Complete Schedule T.						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Con	nmittee			X, officeholder living expense						
				innitee			for Heart						
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght		Office held						
-	Date		Payee name										
	11/13/2024		American Heart Association										
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode								
	\$100.00		7272 Greenville Ave.	· •									
			Dallas, TX 75231										
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description		tside of Texas. Complete Schedule T.						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Con	nmittee			X, officeholder living expense						
				innitee			stration Walk for Heart						
						-							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight		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		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense							
1	Total pages Schedule F1:	2	· · ·		•	3	Filer ID (Ethics Commission Filers)				
-	Sch: 5/61 Rpt: 51/110	-	Friends of Dr. Greg Bonnen				00067893				
4	Date 10/22/2024	5	Payee name Angie Chen Button Campaign								
6	Amount (\$)	7		Zip Co							
Ŭ	\$2,000.00	ľ	P.O. Box 832748	210 000							
	+_,000.00										
		Richardson, TX 75083									
	DUDDOCE	(0)									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense				
					Campaign do	ona	tion				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ht		Office held				
	Date		Payee name								
10/25/2024 Battleship Texas Foundation											
Amount (\$) Payee address; City; State; Zip Code											
	\$150.00		One Riverway,	•							
			Suite 2200								
			Houston, TX 77056								
	BUBBOCE	(-)									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Food/Beverage Expense				, officeholder living expense				
					Campaign D	inne	er expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	Ight Office held						
-											
	Date		Payee name								
	12/30/2024		Bay Area Alliance for Youth								
	Amount (\$)			Zip Co	le						
	\$257.77		2425 East Main Street								
			League City, TX 77573								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
	Campaign Dinner expense										
	Complete ONL V if direct	Ļ	Candidate/Officeholder name O	office soug	ht		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			mice sou(li it		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 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		Filer ID (Ethics Commission Filers)							
	Sch: 6/61 Rpt: 52/110		Friends of Dr. Greg Bonnen				00067893					
4	Date 11/27/2024	5	Payee name Bay Area Houston Ballet and Theter									
6	Amount (\$) \$65.00	7	Payee address;City;State;1300 Bay Area Blvd Suite B 264,	Zip Co	le							
			Houston, TX 77058									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if taxel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense							officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held					
	Date		Payee name									
07/26/2024 Bay Area Houston Economic Partnership												
	Amount (\$)Payee address;City;State; Zip Code\$325.0018045 Saturn Ln											
	PURPOSE OF EXPENDITURE	(a)	Houston, TX 77058 Category (See Categories listed at the top of this sche Fees	edule)	Check if Austin	I, TX	de of Texas. Complete Schedule T. officeholder living expense t Sponsorship fee					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ht		Office held					
	Date		Payee name									
	09/19/2024		Bay Area Republican Women PAC									
	Amount (\$) \$275.00		Payee address; City; State; P.O. Box 58103	Zip Co	le							
			Webster, TX 77598									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. . officeholder living expense Bonnen's Ad in annual directory					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C)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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	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: 7/61 Rpt: 53/110		Friends of Dr. Greg Bonnen					00067893				
4	Date	5	Payee name									
	10/04/2024		Bay Area Republican Women PAC									
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode							
	\$600.00	600.00 P.O. Box 58103										
			Webster, TX 77598									
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description						
	OF	ľ	Food/Beverage Expense	cheddic)	Ì,		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austin	ı, ТХ,	officeholder living expense				
						Campaign Di	inne	er expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held				
	expenditure to benefit C/OF	Η										
	Date		Payee name									
	12/10/2024		Bay Area Republican Women PAC									
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode							
	\$80.00		P.O. Box 58103									
			Webster, TX 77598									
	PURPOSE	(a)	Category (See Categories listed at the top of this set	chedule)	(b)	Description						
	OF EXPENDITURE		Fees					de of Texas. Complete Schedule T.				
								officeholder living expense				
						Bonnen Cam		es for State Representative Dr. Greg				
			Sendidate (Office helder recent	Office cou			.1					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	igni	Office held						
-	Date	_	Davoa nama									
	09/26/2024		Payee name Bay Oaks Country Club									
_			· ·	o: Zin Co	ada							
	Amount (\$)			e; Zip Co	Jue							
	\$29.00		14545 Bay Oaks Blvd									
			Houston, TX 77059		1							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(p)	Description	oute:	do of Toyac, Complete Schedule T				
	OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense											
								heon expense				
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	l Ight			Office held				
	expenditure to benefit C/OI				0							
-												

	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 y - Gift/Awards/Memorials 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: 8/61 Rpt: 54/110		Friends of D	r. Greg Bonn	en					00067893			
4	Date	5	Payee name										
	09/04/2024		Bay Oaks C	ountry Club									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de						
	\$58.00		14545 Bay (Daks Blvd									
			Houston, TX 77059										
8	PURPOSE OF				at the top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Food/Bevera	age Expense						de of Texas. Con officeholder livin		edule T.	
								Campaign Lu					
								1 0		·			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Dffice sou	ght			Office h	eld		
	Date		Payee name										
	07/23/2024		Best Buy										
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de						
	\$41.12		2510 Gulf F	wy. S.									
			League City	, TX 77573									
	PURPOSE OF EXPENDITURE			e Categories listed Iead/Rental E	at the top of this sch Expense	nedule)			, TX,	de of Texas. Con officeholder livin Flash Drive		edule T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office held					
	Date		Payee name										
	09/17/2024			Restaurant									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de						
	\$14.20		400 W Park			,							
			Friendswood										
	PURPOSE OF EXPENDITURE			e Categories listed age Expense	at the top of this sch	iedule)			, TX,	de of Texas. Con officeholder living er expense		edule T.	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name:	(Dffice sou	ght			Office h	eld		

	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	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: 9/61 Rpt: 55/110		Friends of Dr. Greg Bonnen				00067893		
4	Date	5	Payee name						
	08/29/2024		Black Rock Coffee						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$7.06		2494 Gulf Fwy S						
			League City, TX 77573						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
					Coffee meeti		, officeholder living expense		
					Collee fileeti	ny	with stan		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	12/04/2024		Black Rock Coffee						
				Zip Co	10				
	Amount (\$)			ZIP CO	ie				
	\$7.60		2494 Gulf Fwy S						
			League City, TX 77573						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	dule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE				Check if Austin Meeting food		, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	11/13/2024		Blue and Trust						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$2,500.00		952 Echo Ln # 430						
			Houston, TX 77024						
	PURPOSE OF		Category (See Categories listed at the top of this sche	dule)	(b) Description				
	EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.		
							, officeholder living expense Financial Statement		
					ΓιεραιαιιΟΠΙ		ו זומויטמו טומוכוזוכוונ		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe	ense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement 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: 10/61 Rpt:		Friends of Dr. Greg Bonnen					00067893		
4	Date	5	Payee name							
	07/08/2024		Butcher, Cynthia							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$837.32		13603 Willow Heights Court		-					
			Houston, TX 77059							
8	PURPOSE	<u> </u>				(b) Deceriation				
°	OF		Category (See Categories listed at the top Travel In District	o of this sche	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE							officeholder living expense		
						Mileage reim	bur	sement for June		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0)ffice sou	ht		Office held		
	Date		Payee name							
	07/08/2024		Butcher, Cynthia							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$1,720.00 13603 Willow Heights Court									
		<u> </u>	Houston, TX 77059							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Salaries/Wages/Contract Labor		edule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht		Office held		
	Date		Payee name							
	08/08/2024		Butcher, Cynthia							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$510.69		13603 Willow Heights Court							
			Houston, TX 77059							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel In District	o of this sche	edule)	Check if Austir	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense for July Mileage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0)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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide ex	Offic Pollir Printi Salar	e Overh ng Expe ing Exp ries/Wa	ense ges/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 Filer	rs)	
	Sch: 11/61 Rpt:		Friends of Dr. Greg Bonnen					00067893		
4	Date	5	Payee name							
	09/16/2024		Butcher, Cynthia							
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e				
	\$2,334.40		13603 Willow Heights Court							
			Houston, TX 77059							
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description				
	OF EXPENDITURE	·	Travel In District					ide of Texas. Complete Schedule T. 5, officeholder living expense		
								t of travel/expense		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	ht		Office held		
	Date		Payee name							
	09/16/2024		Butcher, Cynthia							
	Amount (\$) Payee address; City; State; Zip Code									
	\$1,720.00		13603 Willow Heights Court							
			Houston, TX 77059							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule)	(side of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	ht		Office held		
	Date		Payee name						-	
	09/16/2024		Butcher, Cynthia							
	Amount (\$)		Payee address; City;	State; Zip	Cod	e				
	\$1,720.00		13603 Willow Heights Court							
			Houston, TX 77059							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule)				ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	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: 12/61 Rpt:	Friends of Dr. Greg Bonnen	00067893
4	Date 11/18/2024	5 Payee name Butcher, Cynthia	
_		-	
6	Amount (\$) \$1,720.00	 7 Payee address; City; State; Zip Code 13603 Willow Heights Court Houston, TX 77059 	
8	PURPOSE	(a) Cotogon (b) Description	
0	OF		utside of Texas. Complete Schedule T. 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	
	11/18/2024	Butcher, Cynthia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,720.00	13603 Willow Heights Court Houston, TX 77059	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/18/2024	Butcher, Cynthia	
	Amount (\$) \$1,733.73	Payee address; City; State; Zip Code 13603 Willow Heights Court	
		Houston, TX 77059	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nt for District Travel
	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 Expe Legal Services The Instruction Guide	nse	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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: 13/61 Rpt:	F	riends of Dr. Greg Bonnen					00067893		
4	Date	5 F	ayee name							
	12/11/2024	E	utcher, Cynthia							
6	Amount (\$)	7 F	ayee address; City;	State;	Zip Coo	e				
	\$1,720.00	1	3603 Willow Heights Court							
		ŀ	louston, TX 77059							
8	PURPOSE	(a) (ategory (See Categories listed at the top	of this sched	dule)	b) Description				
	OF EXPENDITURE	S	alaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.		
						November w		, officeholder living expense		
						November w	aye	:5		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date	F	ayee name							
	10/28/2024	0	SVS							
	Amount (\$)	F	ayee address; City;	State;	Zip Coo	e				
	\$34.70 980 Clear Lake City Blvd									
			Vebster, TX 77598							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top Sift/Awards/Memorials Expense		dule)	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense pers Diaper Drive Donation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date	F	ayee name							
	11/05/2024		Canva							
	Amount (\$)	F	ayee address; City;	State;	Zip Coo	e				
	\$92.00	3	212 E. Cesar Chavez Street, I	Building 1	1					
			ustin, TX 78702							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top rinting Expense	of this sched	dule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ness cards		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice soug	ht		Office held		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 14/61 Rpt:	Friends of Dr. Greg Bonnen 00067893
_		
4	Date	5 Payee name
	11/01/2024	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$326.92	1400 Congress Ave.
		Ste E1 1006
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ornaments and Glasses
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Central Cultural Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	2627 Avenue M
		Galveston, TX 77550
	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 Juneteenth Dinner
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	12/20/2024	Cerza, Sydney
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	302 Denson Drive
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gi nmittee Le	vent Expense bes pod/Beverage Expens ift/Awards/Memorials I egal Services he Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 15/61 Rpt:		Friends of Dr.	Greg Bonnen					00067893	
4	Date 11/18/2024	5	Payee name Chick Fil A							
6	Amount (\$)	7	Payee address	; City;	State;	; Zip Coo	de			
	\$61.79 503 West Martin Luther King Jr. Blvd Austin, TX 78701									
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Food/Bevera(Categories listed at th ge Expense	e top of this sch	iedule)		n, TX,	de of Texas. Com officeholder living ch	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office soug	Jht		Office he	eld
	Date		Payee name							
	12/06/2024		Chick Fil A							
Amount (\$) Payee address; City; State; Zip Code										
	\$77.13		18323 Gulf Fv Webster, TX	-						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Food/Bevera	Categories listed at th ge Expense	e top of this sch	edule)		n, TX,	de of Texas. Com officeholder living EXPENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office soug	yht		Office he	eld
-	Date		Payee name							
	12/13/2024		Chick Fil A							
	Amount (\$) \$279.72		Payee address 503 W Martin	; City; Luther King Jr		; Zip Coo	de			
			Austin, TX 78	701						
	PURPOSE OF EXPENDITURE		Category _{(See} Food/Bevera	Categories listed at th ge Expense	e top of this sch	edule)	Check if Austi	n, TX,	de of Texas. Com officeholder living Representa	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office soug	Jht		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		nmittee	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	se Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 16/61 Rpt:		Friends of	Dr. Greg Bonner	า				00067893	
4	Date	5	Payee name	2						
	08/23/2024		2	k Republican We	oman PAC					
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$500.00		2301 Mead	lows Blvd.		•				
			League Cit	y, TX 77573						
8	PURPOSE	(a)	Category (See Categories listed at t	he ton of this sch	nedule)	(b) Description			
	OF		Event Exp			ieuuic)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		·						, officeholder living	expense
							Republican F	Rall	У	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	jht		Office he	eld
	Date		Payee name	9						
	10/29/2024		Clear Cree	k Republican We	oman PAC					
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$165.00		2301 Mead	lows Blvd.						
			League Cit	y, TX 77573						
	PURPOSE OF EXPENDITURE	(a)		See Categories listed at t rage Expense	he top of this sch	nedule)		n, TX	ide of Texas. Com , officeholder living heon Expen:	expense
			Caradidata (Of	fia a la a la la recencia					Office he	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/OI	ficeholder name	(Office sou	Jur		Office he	210
	Date									
	12/09/2024		Payee name	e k Republican We	nmen PAC					
						. 7:0 00				
	Amount (\$)		Payee addre		State	; Zip Coo	le			
	\$160.00		2301 Mead	JOWS DIVU.						
			League Cit	y, TX 77573						
	PURPOSE	(a)	Category (See Categories listed at t	he top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	
									, officeholder living	Representative Dr. Greg
							Bonnen cam			Representative Dr. Greg
-	Complete ONLY if direct	Ľ	Candidate/Of	ficeholder name	(Office soug	ht		Office he	ald
	expenditure to benefit C/OI			neenoider name	(Suice Soul	jiit		Unice He	

	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	pense ages/Contrac	Expense at Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/61 Rpt:		Friends of Dr. Greg Bonnen					00067893		
4	Date	5	Payee name							
	09/16/2024		Clear Lake Area Chamber of Commerce	ce						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$70.00		1201 E. Nasa Parkway							
			Houston, TX 77058							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descr	•				
	EXPENDITURE		Food/Beverage Expense					de of Texas. Comp officeholder living		
								eon expense		
					Carry	paightan	1011	con expense		
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office hel	d	
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	10/21/2024		Clear Lake Area Chamber of Commerce	ce						
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$35.00		1201 E. Nasa Parkway							
			2							
			Houston, TX 77058							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descr	ription				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Comp		
						eck if Austin,				
					Cam	paigniun	icn	eon expense	;	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht			Office hel	d	
	expenditure to benefit C/OI				JIIC			Onice nei	lu -	
_	Date		Davias nome							
	10/30/2024		Payee name Clear Lake Area Chamber of Commerc	20						
	Amount (\$)				10					
	\$35.00		Payee address; City; State; 1201 E. Nasa Parkway	Zip Co	Je					
	φ35.00		1201 E. Nasa Parkway							
			Houston, TX 77058							
-	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Descr	rintion				
	OF	()	Food/Beverage Expense	edule)			outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE					eck if Austin,	ΤX,	officeholder living	expense	
					Cam	paign Lu	ncł	n expense		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office hel	d	
	expenditure to benefit C/OI	1								

	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 pense pens (pens /ages	e 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: 18/61 Rpt:		Friends of Dr. Greg Bonnen					00067893		
4	Date	5	Payee name							
	12/06/2024		Clear Lake Area Chamber of Commerc	ce						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$35.00		1201 E. Nasa Parkway	·						
			2							
			Houston, TX 77058							
8	PURPOSE	(a)			(h)	Description			-	
ľ	OF	("	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(0)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense		
						Campaign lu	nch	neon 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							
	12/12/2024		Clear Lake Area Chamber of Commerce	ce						
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$289.00		1201 E. Nasa Parkway							
			Houston, TX 77058							
	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 es for State Representative Dr. Gre	n	
						Bonnen	r et	es loi State Representative DI. Gr	-y	
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office held	-	
	expenditure to benefit C/OF				gin					
_	Date	Г	Payee name						-	
	12/20/2024		Cocke, Cameron							
				Zin Co	do				_	
	Amount (\$) \$1,000.00		Payee address; City; State; 4006 Idlewild	Zip Co	ue					
	φ1,000.00		4000 Idlewild							
			Austin, TX 78731							
	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.		
	-					December wa		, officeholder living expense		
						December W	Jye			
	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	aht			Office held		
	expenditure to benefit C/OF			2000 SOU	ynt					
-									_	

	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 Filer	rs)		
	Sch: 19/61 Rpt:		Friends of Dr. Greg Bonnen				00067893			
4	Date	5	Payee name			<u> </u>				
	11/20/2024		Cole Gordon Foundation							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	1e					
ľ	\$1,000.00	ľ	2576 County Rd 144,	210 000						
	\$1,000.00		2010 County Na 144,							
			Alvin TV 77511							
_			Alvin, TX 77511							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outo	ide of Toylog, Complete Cabadyle T			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittoo			ide of Texas. Complete Schedule T. , officeholder living expense			
			Candidate/Onicerioide//Folitical Comm	lillee			e Gordon FOundation Gala			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O)ffice sou	ht		Office held			
_	Date		Pavee name							
	07/24/2024		Copy Doctor Friendswood							
	Amount (\$)	-	.,	Zip Co	1e					
	\$230.37		1101 S Friendswood Dr,							
	φ200.01									
			Friendswood , TX 77546							
	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			
					Scanning of					
					e e e e e e e e e e e e e e e e e e e					
_	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	iht		Office held			
	expenditure to benefit C/OI				,					
_	Date									
	08/07/2024		Payee name Delta Blues BBQ							
				7. 0						
	Amount (\$)			Zip Co	16					
	\$100.00		19901 Gulf Fwy,							
			Webster, TX 77598							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			7		
	OF EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense Dr parade car			
					mank you yi	11 10	or parade car			
	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office soug	lht		Office held			
	expenditure to benefit C/OI			mice SUU	pric					

	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 hmittee Legal Services The Instruction Guide expla	Office Ov Polling Ex Printing E Salaries/V	erhea kpens xpens Nages	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: 20/61 Rpt:		Friends of Dr. Greg Bonnen					00067893		
4	Date	5	Payee name							
	10/02/2024		Dennis Paul Campaign							
6	Amount (\$)	7		ate; Zip Co	nde					
ľ	\$1,000.00	Γ.	626 Barringer	, z .p ot	540					
	,									
			Webster, TX 77598							
8	PURPOSE	(2)			(h)	Description				
°	OF	(a)	Category (See Categories listed at the top of this Contributions/Donations Made By	s schedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Co	mmittee				officeholder living expense		
						Campaign Do	ona	tion		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	08/07/2024		Domain Name Services							
	Amount (\$)		Payee address; City; St	ate; Zip Co	ode					
	\$265.00		2155 E. GoDaddy Way							
			Tempe, AZ 85284		_					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description				
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense		
								mpaign website		
	Complete ONLY if direct	(Candidate/Officeholder name	Office sou	ı ght			Office held		
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	12/20/2024		Domino's Pizza							
	Amount (\$)	\vdash	Payee address; City; St	ate; Zip Co	ode					
	\$41.99		1900 Guadalupe							
			·							
			Austin, TX 78705		.					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description	oute:	de of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense					officeholder living expense		
								for State Representative Dr. Greg		
						Bonnen's cap				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held		
-										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXPENDITU	JRE CATEGO	RIES FOF	R BO)X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/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)				
4	Tatal names Cabadula E1.	1			oulue explains		inpro		-	Filer ID	(Ethios Com	mission Filors)		
1	Total pages Schedule F1: Sch: 21/61 Rpt:			- Dr. Greg Bonn	en				3	Filer ID 00067893	(Ethics Corr	nmission Filers)		
4	Date	5	Payee name											
	12/11/2024		Doordash											
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de							
	\$221.36		303 2nd St	reet										
			Suite 800											
			San Francis	sco, CA 94107	7									
8	PURPOSE	(2)					(h)	Description						
ľ	OF	(")		ee Categories listed a	at the top of this sch	nedule)	(5)	<u> </u>	outsi	de of Texas. Com	plete Schedule	т.		
	EXPENDITURE		FUUU/DEVEI	aye Expense						officeholder living				
								Dinner expen	ise	for Capital S	Staff			
								-		-				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ceholder name	(Office sou	ght			Office he	eld			
	Date	Ι	Payee name											
	12/20/2024		Doordash											
	Amount (\$)	-	Payee addre	ss; City;	State	; Zip Co	db							
	\$170.63		303 2nd Sti		State	, zip co	uc							
	\$170.05			eel										
			Suite 800											
			San Francis	sco, CA 94107	7									
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Food/Bever	age Expense						de of Texas. Com		т.		
										officeholder living				
								Dinner expen Bonnen's stat		for State Re	epresentati	ve Dr. Greg		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(Office sou	ght			Office he	eld			
	Date		Payee name											
	11/21/2024		Elizabeth S											
-	Amount (\$)	\vdash	Payee addre	ss; City;	State	; Zip Co	de							
	\$271.11		1501 S 1st	-		,								
	41111111111111		1001 0 100	011001										
			Austin, TX	78704										
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE			age Expense						de of Texas. Com		т.		
										officeholder living) expense			
								Capital Staff	iuno	cn				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ght		_	Office he	eld			
⊢														

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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: 22/61 Rpt:		Friends of Dr. Greg Bonnen				00067893
4	Date 07/23/2024		Payee name Extra Space				
	Amount (\$) \$537.00		Payee address; City; State; 2631 S. Capital Of Texas Hwy Austin, TX 78746	; Zip Coc	e		
 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 July Rent for Rep Bonnen's Austin Storage Units 							officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office soug	ht		Office held
	Date		Payee name				
	08/23/2024		Extra Space				
	Amount (\$) \$537.00		Payee address; City; State; 2631 S. Capital Of Texas Hwy Austin, TX 78746	; Zip Coc	e		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	iedule)	Check if Austin	, тх	de of Texas. Complete Schedule T. officeholder living expense Representative Bonnen's Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office soug	ht		Office held
	Date 09/23/2024		Payee name Extra Space				
	Amount (\$) \$537.00		Payee address; City; State; 2631 S. Capital Of Texas Hwy	; Zip Coc	e		
			Austin, TX 78746				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)	X Check if Austin	, тх	de of Texas. Complete Schedule T. officeholder living expense t for Representative Dr. Bonnen's
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office 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	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labo The Instruction Guide explains how to complete this form	Se Transportation Equipment & Related Expense Travel in District Travel Out of 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: 23/61 Rpt:	Friends of Dr. Greg Bonnen	00067893							
4	Date	Payee name								
	10/24/2024	Extra Space								
6	Amount (\$)7 Payee address;City;State; Zip Code									
	\$537.00 2631 S. Capital Of Texas Hwy									
		Austin, TX 78746								
 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 October Rent for Representative Bonnen's st unit 										
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	Extra Space								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$537.00	2631 S. Capital Of Texas Hwy Austin, TX 78746								
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. .ustin, TX, officeholder living expense r Rent for Representative Bonnen's Austin							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/23/2024	Extra Space								
	Amount (\$) \$537.00	Payee address;City;State;ZipCode2631 S. Capital Of Texas Hwy								
		Austin, TX 78746								
	PURPOSE OF EXPENDITURE	Check if A December	n avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense r rent for State Representative Dr. Greg Austin storage unit							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPEND	TURE CATEGOR	RIES FOR	BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			-		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation Equ Travel in District Travel Out of Distric	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID ((Ethics Commission Filers)		
	Sch: 24/61 Rpt:		Friends of Dr. Greg Bo	nnen				00067893			
4	Date	5	Payee name								
	12/20/2024		Floren, Casey								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$1,000.00 1801 Clifford Avenue										
			Austin, TX 78702								
8	PURPOSE	(a)	Category (See Categories list		edule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contra	ct Labor				de of Texas. Comple			
	-					December wa		a, officeholder living expense			
						December wa	aye	:5			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nan	ne C	Office sou	ght		Office held	1		
	Date		Payee name								
	07/29/2024		Fresa's								
	Amount (\$)		Payee address; City;	State:	Zip Co	de					
	\$241.34		915 N. Lamar Blvd	,							
	¢2 1210 1		oro ni Lanai Biva								
			Austin, TX 78703								
	PURPOSE OF	(a)	Category (See Categories list		edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expens	se		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					Lunch for cap			,pense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder nan	ne C	Dffice sou	ght		Office held	1		
		_									
	Date		Payee name								
	09/26/2024		Friendswood Chamber	of Commerce							
	Amount (\$)		Payee address; City;		Zip Co	de					
	\$100.00		1100 South Friendswo	od Drive							
			Friendswood, TX 7754	6							
	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	edule)	(b) Description					
	OF	Ľ	Food/Beverage Expense		cuucy	·	outsi	de of Texas. Comple	ete Schedule T.		
	EXPENDITURE			-		Check if Austin	, тх,	officeholder living ex	xpense		
						Campaign Di	nne	er expense			
	Complete <u>ONLY</u> if direct		andidate/Officeholder nan	ne C	Office sou	ght		Office held	1		
	expenditure to benefit C/OI	Н									

				EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Fees Office Overhead/Rental Expense Tr. Food/Beverage Expense Polling Expense Tr. 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	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)			
	Sch: 25/61 Rpt:			Dr. Greg Bonnen					00067893				
4	Date	5	Payee name	2									
	09/27/2024			od Chamber of Co	mmerce								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de						
	\$35.00		1100 South Friendswood Drive										
	Friendswood, TX 77546												
8	PURPOSE	(a)	Category				(b) Description						
ľ	OF	(~)		See Categories listed at the rage Expense	top of this sch	iedule)		outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		1 000/Deve	rage Expense			Check if Austin	n, TX	, officeholder living	, expense			
							Campaign lu	nch	neon expens	e			
9	Complete ONLY if direct		Candidate/Of	ficeholder name	(Office sou	jht		Office he	eld			
	expenditure to benefit C/OI	-1											
	Date		Payee name	9									
	10/15/2024		Friendswoo	od Chamber of Co	mmerce								
⊢	Amount (\$)		Payee address; City; State; Zip Code										
	\$175.10		1100 South	n Friendswood Driv	ve								
	+=-0.=0		2200 0000										
			Friendswoo	od, TX 77546									
	PURPOSE OF	(a)	Category (S	See Categories listed at the	top of this sch	nedule)	(b) Description						
	EXPENDITURE		Fees						ide of Texas. Com				
								Check if Austin, TX, officeholder living expense Chamber membership fees for Representative Dr.					
								Greg Bonnen					
_	Complete ONLY if direct	L	Candidate/Of	ficeholder name) Office sour	- nht		Office he	h			
	expenditure to benefit C/OI		oundiduce on		· · · ·	onice sou	jin		Onice ne				
⊨	Date		Payee name	2									
	12/11/2024		-	od Chamber of Co	mmerce								
-	Amount (\$)		Payee addre			; Zip Co	10						
	\$5.00		•	n Friendswood Driv		, ∠ıµ C0							
	\$5.00		1100 3000		ve								
			Friendswo	od, TX 77546									
	DUDDOOD						a >						
	PURPOSE OF	(a)		See Categories listed at the	top of this sch	nedule)	(b) Description	outo	ide of Toyac, Com	nlata Sabadula T			
	OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense												
							Campaign Lu						
							Campaign Et	1110					
⊢	Complete ONLY if direct	Ľ	Candidate/Of	ficeholder name	(Office sou	ıht		Office he	bld			
	expenditure to benefit C/OI				,		y .		e moe me				

				EXPENDIT	URE CATEGO	RIES 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 Ex Gift/Awards/Memo Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	head/Renta ense pense ages/Contra			Travel in District Travel Out of Di	Equipi t istrict	ng Expense ment & Related Expense gory not listed above)
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(E	thics Commission Filers)
	Sch: 26/61 Rpt:			Dr. Greg Bonr	ien					00067893		
4	Date	5	Payee name									
	12/05/2024		Galco Solu	tions								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$600.00		117 Countr	y Lane								
			League Cit	y, TX 77573								
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b) Des	cription				
	OF EXPENDITURE		Advertising			ŕ				de of Texas. Con	•	
										officeholder livin		
							Ann Sigr		ige i	Dr. Greg Bo	onne	en's Campaign Road
								15				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	Date		Payee name									
	08/22/2024		Galveston	County Reput	olican Party							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	le					
	\$3,000.00		1100 S Inte			,						
	40,000.00		1100 0 1110									
			League Cit	y, TX 77573								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b) Des	cription				
	OF EXPENDITURE			rage Expense						de of Texas. Con		
							Check if Austin, TX, officeholder living expense Campaign Dinner expense					
							Can	npaign Di	inne	er expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	1										
	Date		Payee name									
	11/05/2024		Galveston	County Reput	olican Party							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$2,500.00		1100 S Inte	-								
			League Cit	y, TX 77573								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b) Des	cription				
	OF EXPENDITURE		Contributio	ns/Donations	Made By					de of Texas. Con		
			Candidate/	Officeholder/F	olitical Comm	nittee				officeholder living		
							Don	nation to G	alv	eston Co F	кері	ıblican Party
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	1										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITUR	E CATEGO	RIES FOF	R BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I mittee Legal Services The Instruction Gu	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									
	Sch: 27/61 Rpt:		Friends of Dr. Greg Bonnen					00067893			
4	Date 07/22/2024		Payee name Galveston Regional Chamber of Commerce								
6	Amount (\$) \$375.00		Payee address; City; State; Zip Code 2228 Mechanic St. Galveston, TX 77550 Galveston, TX 77550								
8	PURPOSE OF EXPENDITURE	OF Get Categories instea at the top of this schedule) Creck if travel outside of Texas. Complete Schedule T.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	09/24/2024	(Galveston Republican Wom	en							
	Amount (\$) \$30.00		Payee address; City; 908 Layfair Place	State;	; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a) (Friendswood , TX 77546 Category (See Categories listed at th Food/Beverage Expense	e top of this sch	edule)	Check if Austi	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense IEON EXPENSE			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought					Office held				
	Date		^D ayee name								
	10/28/2024	(Galveston Republican Wom	en							
	Amount (\$) \$135.00	I	Payee address; City; 908 Layfair Place	State	; Zip Co	de					
			Friendswood , TX 77546								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Food/Beverage Expense	e top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense er Expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			

			EXPENDITURE CATE	GORIES FO	RB	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						Transportation Equipment & Related Expense Travel in District			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 28/61 Rpt:		Friends of Dr. Greg Bonnen 00067893								
4	Date	5	5 Payee name								
	12/24/2024		Galveston Republican Women								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$30.00		908 Layfair Place								
			2								
			Friendswood , TX 77546								
8	PURPOSE	(a)				Description					
ľ	OF	(a)	Category (See Categories listed at the top of thi Food/Beverage Expense	s schedule)			outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense			
						Campaign lui	nch	neon expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held			
	Date		Payee name								
	09/11/2024		Go Daddy								
	Amount (\$)		Payee address; City; S	tate; Zip C	ode						
	\$22.17		100 S. Mill Ave, Suite 1600								
			Tempe, AZ 85284								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Advertising Expense	s schedule)	(b)	Check if Austin	, тх, ve	ide of Texas. Complete Schedule T. , officeholder living expense Dr. Greg Bonnen campaign website			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	l ught			Office held			
	expenditure to benefit C/OI	Η			0						
	Date		Payee name								
	07/02/2024		Google Apps								
	Amount (\$)			tate; Zip C	ode						
	\$30.70		1600 Amphitheatre Parkway	iaic, 2ip 0	ouc						
	\$00.10		1000 / inplinicate r aniway								
			Mountain View, CA 94043		1						
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description	o	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense					, officeholder living expense			
						Google Apps					
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office so	ught			Office held			
	expenditure to benefit C/OI				0						
-											

	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/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	al 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:	ILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 29/61 Rpt:	riends of Dr. Greg Bonnen	00067893							
4	Date 08/02/2024	Payee name Google Apps								
6	Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Google apps for staff										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sought	Office held							
	Date	ayee name								
	09/03/2024	Google Apps								
	Amount (\$) \$30.70	ayee address; City; State; Zip Code 600 Amphitheatre Parkway Iountain View, CA 94043								
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ogle Apps for Capital staff							
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held							
	Date	ayee name								
	10/02/2024	Google Apps								
	Amount (\$) \$30.70	ayee address; City; State; Zip Code 600 Amphitheatre Parkway								
		Iountain View, CA 94043								
	PURPOSE OF EXPENDITURE		Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ogle apps for staff							
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/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 Office Overhead/Rental 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 30/61 Rpt:	Friends of Dr. Greg Bonnen 00067893								
4	Date 11/04/2024	Payee name Google Apps								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$30.70	1600 Amphitheatre Parkway Mountain View, CA 94043								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Comparison of the compari										
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 Apps								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$30.70	1600 Amphitheatre Parkway Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ; for Capital Staff							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/18/2024	Gringos								
	Amount (\$) \$42.82	Payee address; City; State; Zip Code 2202 Broadway St								
		Pearland, TX 77581								
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 Staff lunch/travel										
	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	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense 1 Gift/Awards/Memorials Expense Printing Expense 1					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: 31/61 Rpt:		Friends of Dr. Greg Bonnen	00067893						
4	Date	5	Payee name							
	12/18/2024		Gringos							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$308.04		10200 EF, 10200 Emmett F Lowry Exp	y						
			Texas City, TX 77591							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
							for District Roundtable meetings with			
							tative Dr. Greg Bonnen			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
	11/04/2024		HEB							
Amount (\$) Payee address; City; State; Zip Code										
\$25.87 3501 Clear Lake City Blvd,										
			-							
			Austin, TX 77059							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin, TX, officeholder living expense					
					Snacks for s	taff	meeting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought					Office held			
-	Date		Payee name							
	11/18/2024		HEB							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$31.31		3501 Clear Lake City Blvd,	·						
			-							
			Austin, TX 77059							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Staff lunched		, Uniceriolider living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		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 Loan Repayment/Reinbursement 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 32/61 Rpt:	Friends of Dr. Greg Bonnen 00067893								
4	Date	Payee name								
	12/17/2024	HEB								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$147.70	3501 Clear Lake City Blvd,								
		Austin, TX 77059								
8	PURPOSE OF	(b) Description	utida ef Taura Consulta Cabadula T							
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
			ict Roundtable meetings							
			-							
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/10/2024	Harland Clark Checks								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$39.81 1850 Pearland Pkwy									
		Pearland, TX 77581								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense for account							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OF									
_	Date	Payee name								
	10/23/2024	Harland Clark Checks								
	Amount (\$) \$179.72	Payee address; City; State; Zip Code 1850 Pearland Pkwy								
	Φ1/9.72	1050 Feananu Frwy								
		Pearland, TX 77581								
	PURPOSE OF	(b) Description	nuteido of Toylog, Complete Schedule T							
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
			g for bank account							
			-							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITUR	RE CATEGORIES FO	R BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials ittee Legal Services The Instruction G	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: 33/61 Rpt:	riends of Dr. Greg Bonne	n		00067893					
4	Date 08/15/2024	Payee name Hartin, Brigitt								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,000.00	5932 Gorham Glen Ln. Austin, TX 78739								
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 travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense June Pay for staff										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	10/02/2024	artin, Brigitt								
	Amount (\$)	ayee address; City;	State; Zip Co	ode						
	\$1,000.00	932 Gorham Glen Ln. ustin, TX 78739								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at alaries/Wages/Contract L			outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ctober					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	12/09/2024	artin, Brigitt								
	Amount (\$) \$1,000.00	ayee address; City; 932 Gorham Glen Ln.	State; Zip Co	de						
		ustin, TX 78739								
	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 November wages									
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense offt/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:	EILER NAME	3 Filer ID (Ethics Commission Filers)							
1	Sch: 34/61 Rpt:	Friends of Dr. Greg Bonnen	00067893							
		-	00007895							
4	Date	Payee name								
	07/02/2024	Hill Country Springs Water								
6	Amount (\$) \$7.58	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road Austin, TX 78747								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Bottled water for office staff										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/02/2024	Hill Country Springs Water								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$7.58	10019 S I -35 Frontage Road Austin, TX 78747								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense for capital office							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/02/2024	Hill Country Springs Water								
	Amount (\$) \$8.66	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road								
		Austin, TX 78747								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense for Capital office							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

-											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage ExpensePolling ExpenseTravel in DistrictGift/Awards/Memorials ExpensePrinting ExpenseTravel Out of District					quipment & Related Expense		
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
-	Sch: 35/61 Rpt:)r. Greg Bonner	`			ľ	00067893		
				I. Greg Bonner	1				00007093		
4	Date										
	09/04/2024		Hill Country Springs Water								
6	Amount (\$) \$7.58		Payee address; City; State; Zip Code 10019 S I -35 Frontage Road Austin, TX 78747								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (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 Bottled water for office staff											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Offi	ceholder name	(Office sou	ght		Office he	łd	
	Date		Payee name								
	09/04/2024		Hill Country	Springs Water							
⊢	Amount (\$)		Payee addres		State	; Zip Co	de				
	\$40.31		10019 S I -3 Austin, TX 7	35 Frontage Roa 78747	ad						
	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 Check if Austin, TX, officeholder living expense Bottled water for office staff 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	ceholder name	(Dffice sou	ght		Office he	ld	
	Date		Payee name								
	10/02/2024		2	Springs Water							
	Amount (\$) \$7.58		Payee addres			; Zip Co	de				
			Austin, TX 7	78747							
	PURPOSE OF EXPENDITURE			ee Categories listed at t head/Rental Exp		nedule)		ı, TX	ide of Texas. Com , officeholder living r Capital offic	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	ceholder name	(Dffice sou	ght		Office he	ld	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							quipment & Related Expense			
1	Total pages Schedule F1:	2 EILI					2	Filer ID	(Ethics Commission Filers)		
-	Sch: 36/61 Rpt:			,			ľ	00067893			
			Friends of Dr. Greg Bonnen 00067893								
4	Date	-									
	10/02/2024	Hill	Hill Country Springs Water								
6	Amount (\$) \$22.65	100	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road Austin, TX 78747								
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 Bottled water for capital office								expense			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								eld			
	Date	Pav	ee name								
	11/04/2024	-	Country Springs Water								
	Amount (\$) Payee address; City; State; Zip Code										
	\$7.58	100	19 S I -35 Frontage Roa tin, TX 78747	ad							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at t ce Overhead/Rental Ex		nedule)		n, TX	ide of Texas. Com , officeholder living or Capital St	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate/Officeholder name	C	Office soug	ht		Office he	eld		
	Date	Pav	ee name								
	11/04/2024	-	Country Springs Water								
	Amount (\$) \$8.66	Pay	ee address; City; 19 S I -35 Frontage Roa		; Zip Coo	e					
		Aus	tin, TX 78747		i						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at t ce Overhead/Rental Ex		nedule)		n, TX	ide of Texas. Com , officeholder living r capital staf	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate/Officeholder name	C	Office 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		mmittee	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Fees Office Overhead/Rental Expense Transportation Equipme Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel of District						Equipment & Related Expense	
1	Total pages Schedule F1:	2		=				2	Filer ID	(Ethics Commission Filers)	
-	Sch: 37/61 Rpt:	[Friends of Dr. Greg Bonnen 00067893								
Δ	Date	5	Payee name								
	12/03/2024	ľ	Hill Country Springs Water								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$7.58		10019 S I -35 Frontage Road								
	DUDDOOF		Austin, TX				(I-) _ · · ·				
8	PURPOSE OF	(a)		ee Categories listed at the		edule)	(b) Description				
	EXPENDITURE		Office Over	head/Rental Exp	ense				, officeholder living	nplete Schedule T.	
							Bottled Wate				
							Bollieu wale		n Capital Sid	11	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									eld		
		_									
	Date		Payee name								
	12/03/2024		Hill Country	/ Springs Water							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$8.66	\$8.66 10019 S I -35 Frontage Road									
				5							
			Austin, TX	78747							
	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sch	edule)	(b) Description				
				head/Rental Exp		,	Check if travel			nplete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense						g expense			
							Bottled wate	r fo	r capital offic	ce	
	Complete ONLY if direct	. (Candidate/Off	iceholder name	(Office sou	jht		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	07/12/2024		Hitchcock (Chamber of Com	nerce						
	Amount (\$)	\vdash	Payee addre	ess; City;	State	; Zip Co	10				
	\$20.00		8125 Highv		Otato	, בוף כסי					
	ψ20.00		0123 High	vay 0 # A							
				TX 77500							
			Hitchcock,	IX //503							
	PURPOSE OF	(a)		ee Categories listed at the	e top of this sch	edule)	(b) Description				
	EXPENDITURE		Food/Beve	rage Expense						nplete Schedule T.	
									, officeholder living		
							Campaign lu	ncr	ieon expens	se .	
	-										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	jht		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	/ - al Coi	- Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out of District						quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 38/61 Rpt:			Dr. Greg Bonnen					00067893			
4	Date	5	Payee name	-								
	11/19/2024	ľ	2	- Chamber of Comr	nerce							
_		<u> </u>				7: 0	1-					
6	Amount (\$)	7	Payee addre		State	; Zip Co	le					
	\$150.00		8125 High	Way 0 # A								
			Hitchcock,	TX 77563								
8	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Fees						ide of Texas. Com	•		
	Check if Austin, TX, officeholder living expense Membership Fee											
							Weinberomp	10	6			
9	Complete ONLY if direct			ficeholder name		 Office soug	uht		Office he	ald		
5	expenditure to benefit C/O						jin		Once ne	510		
	Date		Payee name	9								
	11/19/2024		Hitchcock	Chamber of Comr	nerce							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	le					
	\$20.00	\$20.00 8125 Highway 6 # A										
			Hitchcock,	TX 77563								
	PURPOSE	(a)	Category (s	See Categories listed at the	e top of this sch	nedule)	(b) Description					
	OF EXPENDITURE			rage Expense		,		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE								, officeholder living	expense		
							Luncheon Ex	pe	nse			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	iht		Office he	eld		
		-										
	Date		Payee name									
	08/16/2024		Hitchcock I	Education Founda	ation							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	le					
	\$500.00		P.O. Box 7	801								
			Hitchcock,	TX 77563								
	PURPOSE	(a)	Category (s	See Categories listed at the	e top of this sch	nedule)	(b) Description					
	OF EXPENDITURE			ns/Donations Mad		,	Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE		Candidate/	Officeholder/Politi	ical Comm	nittee			, officeholder living	expense		
							Annual Dona	tioi	า			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office soug	Iht		Office he	eld		
	openditore to benefit C/O											

	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 nmittee Legal Services The Instruction Guide expla	Office Polling Printir Salari	Overh g Expe ig Expe es/Wag	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	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 39/61 Rpt:		Friends of Dr. Greg Bonnen					00067893			
4	Date	5	Payee name								
	10/18/2024		Hobby Lobby								
6	Amount (\$)	7	Payee address; City; S	tate; Zip	Code	9					
	\$30.30		2740 Gulf Fwy S								
			League City, TX 77573								
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule)	(1	Description					
	OF EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Complete Schedule T.			
						Frame for Te		, officeholder living expense			
						Fiame for te	:xas	s nay ynt			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Offices	sougł	nt		Office held			
	Date		Payee name								
	12/06/2024		Home Depot								
	Amount (\$)		Payee address; City; S	tate; Zip	Code	9					
	\$120.88		18251 Gulf Fwy								
			,								
			Webster, TX 77598								
	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule)	(1	Description					
	OF EXPENDITURE		Event Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
								State Representative Greg Bonnen			
						Friendswood					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offices	sougł	nt		Office held			
	Date		Payee name								
	10/15/2024		Home Slice Pizza								
	Amount (\$)		Payee address; City; S	tate; Zip	Code	2					
	\$407.93		501 E 53rd North Loop	· •							
			Austin, TX 78751								
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	is schedule)	(1	b) Description					
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
						Lunch expen					
						Lunch exper	130				
_	Complete ONL V if direct	Ļ	Candidate/Officeholder name	Office		ht .		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office s	souyi	it.		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 Expense Legal Services The Instruction Guide explains I	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	· · ·		•	3	Filer ID (Ethics Commission Filers)					
1	Sch: 40/61 Rpt:	-	Friends of Dr. Greg Bonnen			ľ	00067893					
4	Date	5	Payee name									
	11/04/2024		Hope Village									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le							
	\$72.10		15403 Hope village RD									
			Friendswood, TX 77546									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T.					
					Campaign lu		x, officeholder living expense					
					Campaignia		Гехрепас					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ht		Office held					
	Date		Payee name									
	12/16/2024		Houston Garden Centers									
	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	le							
	\$107.15		21001 Gulf Fwy	p 00								
	\$107.10											
			Webster, TX 77598									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Event Expense				side of Texas. Complete Schedule T.					
							t, officeholder living expense					
					Friendswood		te Representative Dr. Greg Bonnen arade float					
	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	Iht		Office held					
	expenditure to benefit C/OF				-							
_	Date		Payee name									
	11/05/2024		Janie Lopez Campaign									
	Amount (\$)			Zip Co	10							
	\$1,000.00		P.O. Box 2073	Zip Cu								
	φ1,000.00		F.O. B0X 2073									
			San Benito, TX 78586									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
			Contributions/Donations Made By			outs	ide of Texas. Complete Schedule T.					
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee			, officeholder living expense					
					Donation to 3	lan	ie Lopez Campaign					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	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		Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave Gift/Awards/Memorials Expense Printing Expense Trave						Travel in District Travel Out of Dis	quipment	pense & Related Expense not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics	Commission Filers)
	Sch: 41/61 Rpt:		Friends of	Dr. Greg Bonnen						00067893		
4	Date	5	Payee name	9								
	09/12/2024		Janie Lope	z Campaign Win	red							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$1,041.02		P.O. Box 2	073								
			San Benito	, TX 78586								
8	PURPOSE	(a)	Category (s	See Categories listed at th	e ton of this sch	redule)	(b)	Description				
	OF			ns/Donations Ma		icuaic)		<u> </u>	outsio	de of Texas. Com	plete Sche	edule T.
	EXPENDITURE			Officeholder/Poli		nittee		Check if Austin	, TX,	officeholder living	g expense	
								Electronic Do	onat	tion to Janie	e Lope:	z Campaign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	(Office sou	ght			Office h	eld	
	Date		Payee name)								
	08/29/2024		Jason's De	li								
_	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$182.62		541 W Bay		Otato	, בוף סטי	40					
	Φ102.02		541 W Day	Alea bivu								
			Webster, T	X 77598								
	PURPOSE	(a)	Category (S	See Categories listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beve	rage Expense						de of Texas. Com		edule T.
										officeholder living) expense	
								Staff luncheo	n m	neeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	C	Office sou	ght			Office he	eld	
_	D :	_										
	Date		Payee name									
	12/03/2024		Jenny's Ba	kery								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$84.00		124 S Frier	ndswood Dr								
			Friendswoo	od, TX 77546								
	PURPOSE	(a)	Category (S	See Categories listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beve	rage Expense						de of Texas. Com		edule T.
										officeholder living		
								Food expens	e to	or Kidz Harb	or Gala	a meeting
	Complete ONLY if direct		Candidate/Off	ficeholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										

	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 y - 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	FILER NAME				3	Filer ID (Ethics Commission Filers)					
	Sch: 42/61 Rpt:		Friends of Dr. Greg Bonnen					00067893					
4	Date	5	Payee name				I						
	10/24/2024		John Lujan for State Rep										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$2,000.00 PO Box 14479												
			San Antonio, TX 78214										
8	PURPOSE	(2)				(b) Description							
ľ	OF	(a)	Category (See Categories listed at the t Contributions/Donations Made		edule)	(b) Description	outs	ide of Texas. Complete Schedule T.					
	EXPENDITURE		Candidate/Officeholder/Politic		ittee			, officeholder living expense					
						Campaign do	ona	tion					
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
	Date		Payee name										
	08/16/2024		LaBrisa Restaurant										
	Amount (\$)		Payee address; City;	State;	Zip Co	le							
	\$30.03 501 N. Wesley Dr.												
			League City, TX 77573										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Food/Beverage Expense	op of this sche	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Er EXPENSE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C) Office sou	ht		Office held					
⊢	Date	<u> </u>	Payee name										
	08/08/2024		LaBrisa Restaurant										
	Amount (\$)		Payee address; City;	State [.]	Zip Co	le							
	\$20.00		501 N. Wesley Dr.	Olule,	210 000								
	\$ <u>20.00</u>												
			League City, TX 77573										
	PURPOSE OF	(a)	Category (See Categories listed at the t	op of this sche	edule)	(b) Description	outo	ide of Towar, Complete Cabadula T					
	EXPENDITURE		Food/Beverage Expense			Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense heon Expense					
-	Complete ONLY if direct	L(Candidate/Officeholder name	C	Office sou	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	Fees Office Overhead/Rental Expense Transportation Equipment Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District										
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 43/61 Rpt:		Friends of Dr. Greg Bonnen					00067893				
4	Date	5	Payee name			I						
	10/17/2024		LaBrisa Restaurant									
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de							
-	\$20.00		501 N. Wesley Dr.	-, _,,								
			League City, TX 77573									
8	PURPOSE	(2)			(h) D							
°	OF	(a)	Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)		escription Check if travel o	outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Tood/Deverage Expense			Check if Austin,	тx,	officeholder living expense				
					C	ampaign Lu	ncł	heon Expense				
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date		Payee name									
	11/22/2024		LaBrisa Restaurant									
	Amount (\$)		Payee address; City; State	e; Zip Co	de							
	\$19.92	\$19.92 501 N. Wesley Dr.										
			League City, TX 77573									
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) D	escription						
	OF EXPENDITURE		Food/Beverage Expense	·		-		de of Texas. Complete Schedule T.				
						4		officeholder living expense				
					C	ampaign Dir	nne	er expense				
			Condidate (Office la clater recent	Office cou	a la t							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	igni			Office held				
		_										
	Date		Payee name									
	11/06/2024		LaBrisa Restaurant									
	Amount (\$)			e; Zip Co	ode							
	\$20.00		501 N. Wesley Dr.									
			League City, TX 77573									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b) D	escription						
	EXPENDITURE		Food/Beverage Expense		│	_		de of Texas. Complete Schedule T.				
								officeholder living expense				
						anipaign Eu						
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou	aht			Office held				
	expenditure to benefit C/OI			JIICE 300	gin							

	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: 44/61 Rpt:	[Friends of Dr. Greg Bonnen					00067893	(,				
4	Date	5	Payee name										
	10/24/2024		Lacey Hull for Texas										
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de							
	\$2,000.00		PO Box 19231										
			Houston, TX 77224										
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	nedule)	(b) Description							
	OF EXPENDITURE		Contributions/Donations Ma		,	Check if travel	outsi	ide of Texas. Com	plete Schedule T.				
	EXPENDITORE		Candidate/Officeholder/Polit	ical Comm	nittee			, officeholder living	expense				
						Campaign Do	ona	tion					
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
	Date		Payee name										
	08/09/2024		Law Enforcement Alliance F	or Galvest	on Coun	ty							
	Amount (\$)	-	Payee address; City;		; Zip Co								
	.,			State	, zip co	ue							
	\$1,500.00	00.00 1252 Briar Creek Dr.											
			Friendswood, TX 77546										
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	nedule)	(b) Description							
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Com	•				
								, officeholder living	expense				
						Campaign Di	nne	er Expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought						Office held					
	expenditure to benefit C/OI	Η											
	Date		Payee name										
	08/12/2024		League City Chamber of Co	mmerce									
	Amount (\$)	-	Payee address; City;		; Zip Co	de							
	\$15.00		1101 W. Main	State	, zip co	ue							
	\$10.00		LIUI W. Wall										
			League City, TX 77573										
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	iedule)	(b) Description							
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.													
	EXIENDITORE							, officeholder living					
						Campaign lui	nch	eon expens	e				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office he	eld				
	expenditure to benefit C/OI	Н											

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Event Ex Fees Food/Be Gift/Awa Legal Se	xpense verage Expense rds/Memorials Exp	oense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	oayme erhea kpense Expens Wages	nt/Reimbursement d/Rental Expense e se //Contract Labor		Transport Travel in I Travel Ou	ation Eo District t of Dist	aising Expense quipment & Related Exp trict category not listed abov	
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID		(Ethics Commissio	n Filers)
	Sch: 45/61 Rpt:		Friends of		g Bonnen						000678	393		
4	Date	5	Payee name	9										
	09/19/2024		League Cit	ty Chan	nber of Com	merce								
6	Amount (\$)	7	Payee addre	ess;	City;	State:	Zip Co	ode						
	\$60.00		1101 W. M		,		•							
			League Cit	tv. TX 7	7573									
8	PURPOSE	(a)	_	-				(h)	Description					
ľ	OF	("	Food/Beve		ories listed at the to	op of this sch	edule)	(0)		outsi	de of Texas	s. Comp	lete Schedule T.	
	EXPENDITURE		1000/00/00	nuge L	Apenise -				Check if Austin					
	Campaign Luncheon expense													
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholde	er name	C	Office sou	ught			Offi	ce he	ld	
	Date		Payee name	9										
	12/17/2024		League Cit	ty Chan	nber of Com	merce								
	Amount (\$)		Payee addre	ess;	City;	State;	Zip Co	ode						
	\$335.00		1101 W. M	lain										
			League Cit	ty, TX 7	7573									
	PURPOSE	(a)	Category (S	See Catego	ories listed at the to	op of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Fees										lete Schedule T.	
									Check if Austin				^{expense} Representative	
									Bonnen	1.00	53 101 5		(epresentative)	Di. Oleg
	Complete ONLY if direct		Candidate/Of	ficeholde	er name	(Office sou	l Jaht			Offi	ce he	ld	
	expenditure to benefit C/OI			licelicita				.g			0111			
_	Date		Payee name	2										
	10/08/2024		League Cit		Club									
	Amount (\$)		Payee addre	ess.	City;	State	Zip Co	ode						
	\$1,000.00		402 W Mai			,								
			League Cit	ty, TX 7	7573									
	PURPOSE OF	(a)			ories listed at the to		edule)	(b)	Description			~		
	EXPENDITURE				ations Made		ittoo		Check if travel				expense	
			Canuluale	Onicen		arcomm	niiee		Sponsorship					
								1	, P					
-	Complete ONLY if direct	L(Candidate/Of	ficeholde	er name	(Office sou	l Jght			Offi	ce he	ld	
	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 nmittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	verhea xpens Expen Wage	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: 46/61 Rpt:		Friends of Dr. Greg Bonnen					00067893				
4	Date	5	Payee name									
	08/23/2024		Local Foods									
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	ode							
	\$138.11		454 W 2nd St									
			Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description						
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.				
								officeholder living expense				
						Lunch expen	sei	for capital staff				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	lught			Office held				
	Date		Davias nama									
	10/31/2024		Payee name Luby's Cafeteria									
			,									
	Amount (\$)			te; Zip Co	oae							
	\$142.77		20001 Gulf Fwy									
			Webster, TX 77598		1							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description						
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense				
						Check if Austin, TX, officeholder living expense Turkey purchase for Clear Creek Area Retired						
						Teachers lun						
	Complete ONLY if direct	(Candidate/Officeholder name	Office sou	light Office held							
	expenditure to benefit C/OI	H			-							
	Date		Payee name									
	12/11/2024		Lupe Tortillas									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode							
	\$221.21		891 W Bay Area Blvd									
	<i><i>\</i><i>\\\\\\\\</i></i>											
			Webster, TX 77598		1							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description						
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
								or Kidz Harbor Gala meeting				
					1			5				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	verhea Expens Expen /Wage	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: 47/61 Rpt:		Friends of Dr. Greg Bonnen					00067893				
4	Date	5	Payee name									
	11/13/2024		Mahjong 101									
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip C	code							
	\$85.16		2202 The Strand,									
			Galveston, TX 77550		_							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.				
								officeholder living expense				
						Campaign di	nne	er expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held				
	Date		Payee name									
	12/10/2024		Mezzeme Turkish Kitchen									
	Amount (\$)		Payee address; City; Sta	ate; Zip C	ode							
	\$404.79		4700 W Guadalupe St #A9									
			·									
			Austin, TX 78751									
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.				
	-					Check if Austin, TX, officeholder living expense Dinner for Board of Review meeting						
							aiu	of Review meeting				
			Soundidate (Office helder records	0								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugni			Office held				
		-										
	Date		Payee name									
	11/27/2024		Move and Care									
	Amount (\$)		Payee address; City; Sta	ate; Zip C	ode							
	\$103.50		5453 Burnet Rd #134,									
			Austin, TX 78756									
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.				
								officeholder living expense				
						Austin Apartr		e for State Representative Bonnen's				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	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	Event Expense Loan Repayment/Reinbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Immittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 48/61 Rpt:	Friends of Dr. Greg Bonnen	00067893									
4	Date	Payee name										
	12/04/2024	Move and Care										
6	Amount (\$) \$589.69	Payee address; City; State; Zip Code 5453 Burnet Rd #134,										
		Austin, TX 78756										
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 Moving company for State Representative Dr. Greg Bonnen's Austin Apartment 											
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
	Date	Payee name										
	08/26/2024	Olive Garden										
	Amount (\$) \$51.26	Payee address; City; State; Zip Code 162 N Bypass 35 Alvin, TX 77511										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense por Meeting									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	12/11/2024	Operation Honor Our Local Veterans, Inc.										
	Amount (\$) \$500.00	Payee address;City;State;Zip Code1804 FM 646 , Ste D										
		Dickinson, TX 77539										
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense for Non profit Veterans program									
	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 Expens Imittee Legal Services The Instruction Guide ex	Offic Polli Se Prin Sala	ce Overf ing Expe ating Exp aries/Wa	ense ges/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: 49/61 Rpt:		Friends of Dr. Greg Bonnen					00067893			
4	Date	5	Payee name								
	12/02/2024		Pearl Harbor Dinner								
6	Amount (\$)	7	Payee address; City;	State; Zip	p Cod	e					
	\$125.00		3920 Gulf Freeway								
			Dickinson, TX 77539								
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule)) (b) Description					
	OF EXPENDITURE		Food/Beverage Expense	· · · · · · · · · · · · · · · · · · ·	,	Check if travel		ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Campaign D	inne	er expense			
_	Operation ONIL V if diverse)	0.0		- •					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	nt		Office held			
	Date		Payee name								
	08/02/2024		Picard, Fay								
	Amount (\$)		Payee address; City;	State; Zip	o Cod	е					
	\$1,200.00		2885 Diamond Bay Dr								
			Diskippon TV 77520								
			Dickinson, TX 77539								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this schedule)		b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Salaries/Wages/Contract Labor					, officeholder living expense			
						July Pay					
	Complete ONLY if direct	(Candidate/Officeholder name	Office	e soug	nt		Office held			
	expenditure to benefit C/OF	Н									
	Date		Payee name								
	09/10/2024		Picard, Fay								
	Amount (\$)		Payee address; City;	State; Zip	o Cod	e					
	\$1,200.00		2885 Diamond Bay Dr								
	+_,										
			Dickinson, TX 77539								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule)) (b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.			
						August Pay	1, IX,	, officeholder living expense			
						nugusi ray					
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office	e soug	nt		Office held			
	expenditure to benefit C/OF		מחטועמוביסחועבו וומוווצ	Unice	, soug			Once 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:	STILER NAME	Filer ID (Ethics Commission Filers)
	Sch: 50/61 Rpt:	Friends of Dr. Greg Bonnen	00067893
4	Date 09/27/2024	Payee name Picard, Fay	
6	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2885 Diamond Bay Dr Dickinson, TX 77539	
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Y
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/29/2024	Picard, Fay	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	2885 Diamond Bay Dr Dickinson, TX 77539	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/05/2024	Picard, Fay	
	Amount (\$) \$1,200.00	Payee address;City;State;Zip Code2885 Diamond Bay Dr	
		Dickinson, TX 77539	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense JGES
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards mittee Legal Servi	age Expense /Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 51/61 Rpt:		Friends of Dr. Greg	Bonnen				00067893	
4	Date 12/16/2024		Payee name Rudy's BBQ						
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Coo	е			
	\$68.38		21361 Gulf Freeway Webster, TX 77598	Ι,					
8	PURPOSE OF EXPENDITURE		Category _{(See Categorie} Food/Beverage Exp		edule)	b) Description	outsi	de of Texas. Comp	lete Schedule T.
	EAFENDITORE					Check if Austin Campaign Di		officeholder living e	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder	name C	Office soug	ht		Office hel	d
	Date		Payee name						
	12/03/2024		SANTA FE CHAMB	ER OF COMMERC	Έ				
	Amount (\$) \$20.80		Payee address; C 12408 Texas 6	ity; State;	Zip Coo	e			
			SANTA FE, TX 775	10					
	PURPOSE OF EXPENDITURE		Category _{(See Categorie} Food/Beverage Exp		edule)		, TX,	de of Texas. Comp officeholder living e eon expense	expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought							d
	Date		Payee name						
	12/03/2024		SANTA FE CHAMB	ER OF COMMERC	E				
	Amount (\$) \$208.00		Payee address; C 12408 Texas 6	ity; State;	Zip Coo	e			
			SANTA FE, TX 775	10					
	PURPOSE OF EXPENDITURE		Category (See Categorie Fees	s listed at the top of this sche	edule)	Check if Austin	, тх, mb	de of Texas. Comp officeholder living e ership fees fo	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder	name C	Office soug	ht		Office hel	d

			EXPENDITURE CATEG	ORIES FO	RВ	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 hmittee Legal Services The Instruction Guide explai	Office Ov Polling Ex Printing E Salaries/	verhea xpens Expen Wage	ise 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: 52/61 Rpt:		Friends of Dr. Greg Bonnen					00067893					
4	Date	5	Payee name				I						
	07/05/2024		Saltgrass Steakhouse										
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	ode								
	\$81.24		20241 Gulf Freeway										
			Webster, TX 77598										
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schodulo)	(b)	Description							
			Food/Beverage Expense	schedulej			outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE							officeholder living expense					
						Campaign lu	nch	eon expense					
_					Ļ								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held					
	Date		Payee name										
	09/27/2024		Saltgrass Steakhouse										
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode								
	\$112.67		20241 Gulf Freeway										
			Webster, TX 77598										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(b)		, тх,	de of Texas. Complete Schedule T. , officeholder living expense EXPENSE					
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l			Office held					
	expenditure to benefit C/OF		sandidate/Onicenoider hame	Once so	uyin			Onice neid					
_	Date		Poveo nomo										
	10/18/2024		Payee name Saltgrass Steakhouse										
			-	ate; Zip Co	odo								
	Amount (\$) \$192.96		Payee address; City; Sta 20241 Gulf Freeway	ale, Zip Ci	oue								
	ψ192.90		20241 Guil Fleeway										
			Webster, TX 77598		-								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description							
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T. officeholder living expense						
						Campaign lu							
						1		·					
	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	L ught			Office held					
	expenditure to benefit C/OF	Η											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXPENDI	TURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		r F Mittee L	Event Expense Fees Food/Beverage E Sift/Awards/Memo Legal Services	orials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
				The Instructio	n Guide explains	how to cor	nplete this form.			
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)			
	Sch: 53/61 Rpt:		Friends of Dr. Greg Bonnen 00067893							
4	Date	5	Payee name							
	08/20/2024		Santa Fe Te	xas Educati	on Foundation					
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de			
	\$260.00		13304 Hwy 6	6						
			Santa Fe, T	(77510						
8	PURPOSE	(a)	Category (See	Cotogorios listo	d at the top of this sch	odulo)	(b) Description			
-	OF		Fees	e Calegones liste	a at the top of this sch	euule)		outsi	ide of Texas. Comp	blete Schedule T.
	EXPENDITURE								, officeholder living	
							Clay Shoot S	роі	nsorship Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder nam	e C	Office sou	ght		Office he	ld
	Date		Payee name							
	09/04/2024		Saylor, Al							
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de			
	\$599.86		2110 Butler	Dr						
			Friendswood	I, TX 77546						
	PURPOSE	(a)	Category (See	e Categories liste	d at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel Out o	f District					ide of Texas. Comp	
									, officeholder living	ut of District travel
							Have Keini	Juis		
	Complete ONLY if direct		Candidate/Offic	eholder nam		Office sour	t		Office he	ld
	expenditure to benefit C/Oł						jit		Office fie	
	Data	_								
	Date		Payee name							
	07/24/2024		Smith, Algie							
	Amount (\$)		Payee addres		State;	; Zip Co	de			
	\$100.00		1021 Azalea	Pointe						
			League City,	TX 77573						
	PURPOSE	(a)	Category (See	e Categories liste	d at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising E	Expense					ide of Texas. Comp	
									, officeholder living	
							Magnet signs	5 10	r raidue Cal	
L	Complete ON! V if direct	Ľ	andidata/Offi-	abolder norm		Office com	ht.		Office he	ld
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	enouer nam	e C	Office soug	JIIL		Office he	าน

		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: 54/61 Rpt:	Friends of Dr. Greg Bonnen	00067893
4	Date 10/15/2024	5 Payee name Staples	
	Amount (\$) \$45.45	7 Payee address; City; State; Zip Code 19335 Gulf Freeway Webster, TX 77598	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/15/2024	Starbucks	
	Amount (\$) \$15.10	Payee address; City; State; Zip Code 2560 League City Parkway League City, TX 77573	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense g w/ chamber
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/10/2024	State Preservation Board	
	Amount (\$) \$411.35	Payee address; City; State; Zip Code 201 E 14th St, #950	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGORIES FOR	во	X 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Exp	head ense bense ages/	Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		•	3 Filer ID (Ethics Commission Filers)
-	Sch: 55/61 Rpt:		Friends of Dr. Greg Bonnen		00067893
4	Date 08/26/2024		Payee name TDCJ Manufacturing and Logistics		
6	Amount (\$) \$1,029.46		Payee address; City; State; Zip Cod P.O. Box 4013 Huntsville, TX 77342	le	
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constitutional Chairs, Rocking Chair and horse
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	lht	Office held
	Date		Payee name		
	09/09/2024		TDCJ Manufacturing and Logistics		
	Amount (\$)		Payee address; City; State; Zip Cod	le	
	\$771.83		P.O. Box 4013 Huntsville, TX 77342		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constitutional Chairs for galas
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	lht	Office held
	Date		Payee name		
	09/30/2024		TDCJ Manufacturing and Logistics		
-	Amount (\$)		Payee address; City; State; Zip Cod	le	
	\$883.32		P.O. Box 4013		
			Huntsville, TX 77342		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constitutional chairs
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	ht	Office held

				EXPENDITUR	E CATEGO	RIES FOR	R BO	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	se Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	aymen erhead pense xpense Vages/	t/Reimbursement /Rental Expense Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)	
	Sch: 56/61 Rpt:			Dr. Greg Bonner	า					00067893			
4	Date	5	Payee name	9									
	10/25/2024		TDCJ Man	ufacturing and L	ng and Logistics								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	ode						
	\$1,324.98		P.O. Box 4	013									
			Huntsville,	TX 77342									
8	PURPOSE	(a)	Category (S	See Categories listed at t	he top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Gift/Award	s/Memorials Exp	ense					de of Texas. Com			
									officeholder living				
								Purchase of (COL	istitutional c	nairs		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	(Office sou	ght			Office he	eld		
_	Date		Deves									-	
	09/12/2024		Payee name	e Medical Freedo	m								
	Amount (\$)		Payee addre		State	; Zip Co	ode						
	\$500.00		621 Six Fl	ags Drive,									
			Arlington,	TX 76011									
	PURPOSE OF	(a)		See Categories listed at t		nedule)	(b)	Description					
	EXPENDITURE			ns/Donations Ma						de of Texas. Com officeholder living			
			Candidate/	Officeholder/Pol	itical Comm	littee		Donation for <i>J</i>			lexpense		
								Donation for 7	~	iuai yala			
	Complete ONLY if direct		Candidate/Of	ficeholder name	(Office sou	aht			Office he	bld	_	
	expenditure to benefit C/OI					0	9						
	Date		Payee name	9									
	11/04/2024		Texas Chil										
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de						
	\$15.22		- 1409 Lava			•							
			Austin, TX	78701									
	PURPOSE OF	(a)		See Categories listed at t	he top of this sch	nedule)	(b)	Description		da			
	EXPENDITURE		Food/Beve	rage Expense						de of Texas. Com officeholder living			
								Staff Lunch -			l expense		
								Cian Eurion -					
-	Complete ONLY if direct	Ľ		ficeholder name		Office sou	laht			Office he	٥d		
	expenditure to benefit C/OI				(Since Sou	gin			Unice he	tiu (inclusion)		

			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 Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District ommittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed abc	-						
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission	on Filers)						
	Sch: 57/61 Rpt:		Friends of Dr. Greg Bonnen 00067893							
4	Date 07/02/2024	5	Payee name Texas City LaMarque Chamber of Commerce							
6	Amount (\$)	-	Payee address; City; State; Zip Code							
\$30.00 9702 Emmett F Lowery Parkway										
			Texas City, TX 77591							
8	PURPOSE OF EXPENDITURE	(a)	 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 Campaign luncheon expense 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held							
	Date		Payee name							
	08/21/2024		Texas City LaMarque Chamber of Commerce							
	Amount (\$)		Payee address; City; State; Zip Code							
	\$30.00		9702 Emmett F Lowery Parkway Texas City, TX 77591							
	PURPOSE OF EXPENDITURE	(a)	 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 Campaign luncheon expense 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH								
	Date		Payee name							
	08/21/2024		Texas City LaMarque Chamber of Commerce							
	Amount (\$) \$35.00		Payee address; City; State; Zip Code 9702 Emmett F Lowery Parkway							
			Texas City, TX 77591							
	PURPOSE OF EXPENDITURE	(a)	 b) 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 Campaign luncheon expense 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held							

				EX	PENDITURE C	CATEGOR	RIES FOF	R BC)X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	nmittee	Event Ex Fees Food/Be Gift/Awa Legal Se	kpense verage Expense rds/Memorials Exp	ense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	aymer erheac pense xpens Vages	nt/Reimbursement i/Rental Expense e /Contract Labor		Transportati Travel in Dis Travel Out o	ion Eq strict of Dist	aising Expense juipment & Related Expense rict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID		(Ethics Commission File	rs)
	Sch: 58/61 Rpt:		Friends of	Dr. Gre	g Bonnen						0006789	93		
4	Date	5	Payee name	<u>.</u>										
-	12/24/2024		2		que Chambe	er of Com	nmerce							
6	Amount (\$)	7	Payee addre		City;		Zip Co	aha						
ľ	\$245.00	ľ	,		owery Parkw		, zip co	uc						
	φ2+0.00					uy								
			Toyoc City	TV 77	E01									
_			Texas City	, 1 . 7 7	291									
8	PURPOSE OF	(a)		See Catego	ories listed at the to	op of this sch	edule)	(b)	Description	outoi	do of Toyoo	Comp	lete Schedule T.	
	EXPENDITURE		Fees						Check if Austin					
													epresentative Dr. G	reg
									Bonnen					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Of	ficehold	er name	C	Office sou	ght			Office	e hel	ld	
	Date		Payee name	;										
	08/19/2024		2		epresentativ	es								
	Amount (\$)		Payee addre		City;		Zip Co	de						
	\$231.22		P.O. Box 2910											
	+=0====			010										
			Austin, TX	78768										
	PURPOSE OF	(a)			ories listed at the to		edule)	(b)	Description			_		
	EXPENDITURE		Gift/Awards	s/Memo	orials Expens	se			Check if travel				lete Schedule T. expense	
									Flags			5		
									-					
	Complete ONLY if direct	I (Candidate/Of	ficehold	er name	C	Office sou	ght			Offic	e he	ld	
	expenditure to benefit C/OI	Н												
	Date	1	Payee name	<u>,</u>										
	10/21/2024				epresentativ	es								
	Amount (\$)		Payee addre		City;		; Zip Co	do						
	\$231.22		P.O. Box 2		City,	State,	, Zip Cu	ue						
	ΨΖΟΊ.ΖΖ		1 .O. DOX 2	510										
			Austin, TX	78768										
	PURPOSE	(a)	Category (S	See Catego	ories listed at the to	p of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Gift/Awards	s/Memo	orials Expens	se						•	lete Schedule T.	
									Check if Austin					
									i uichase ui	I CX	us Capili	ai Fl	luys	
_	Complete ONLY if direct	Ľ	Candidate/Of	ficobold	or nome			abt			Offic	o he	Id	
	expenditure to benefit C/Oł		Januluale/Ul	ICENUIU	ei Haille	Ĺ	Office sou	ynt			UIIC	e ne	iu	

			EXPENDITURE CATEO		OR 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 nmittee Legal Services The Instruction Guide explai	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: 59/61 Rpt:		Friends of Dr. Greg Bonnen					00067893			
4	Date	5	Payee name								
	08/23/2024		Texas Young Republicans								
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip (Code						
	\$1,000.00		2604 Bright Rock Lane								
			Conroe, TX 77304								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Cor	nmittee				, officeholder living expense			
						Donation to 1	exa	as Young Republicans			
_	Complete ONIL V if direct		Soundidate (Office helder response	Office							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	Jugni			Office held			
	Date		Payee name								
	07/26/2024		The Soup Peddler								
	Amount (\$)		-	ate; Zip (odo.						
	\$129.96		2801 S Lamar Blvd	шс, <i>2</i> ір (Jouc						
	\$129.90										
			Austin, TX 78704								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
	EXPENDITORE							, officeholder living expense			
						Staff luncheo	n				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
-	Date		Payee name								
	09/25/2024		The UPS Store								
	Amount (\$)			ate; Zip (odo.						
	\$30.60			αιε, Ζιρ (Jue						
	φ30.00		2323 Clear Lake City Blvd								
			Houston, TX 77062								
-	PURPOSE	(a)	Category (See Categories listed at the top of this	schodulo)	(b)	Description					
	OF	(``'	Office Overhead/Rental Expense	scheuule)	()		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, тх,	, officeholder living expense			
						Postage for p	bacl	kage mailed			
	Complete ONLY if direct		Candidate/Officeholder name	Office s	bught			Office held			
	expenditure to benefit C/OI	Н									

				EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift/ mmittee Leg	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T						Iraising Expense iquipment & Related Expense strict category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-		-	3	Filer ID	(Ethics Commission Filers)			
	Sch: 60/61 Rpt:		Friends of Dr.	Greg Bonnen					00067893	(
4	Date	5	Payee name										
	09/12/2024		Tiff's Treats										
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de						
	\$54.96		1806 Nueces S	St,									
			Austin, TX 787	01									
8	PURPOSE	(2)					(b) Description						
ľ	OF	(a)	Category (See Category Food/Beverage		top of this sch	edule)		el outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		Foou/Deverage	e Expense					, officeholder living	•			
							Food for Ca	pital	Staff				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeh	older name	C	Office sou	ght		Office he	eld			
	Date		Payee name										
	09/16/2024		United States I	Post Office									
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de						
	\$216.00		310 Morningsid	de Dr.									
			-										
			Friendswood,	FX 77546									
	PURPOSE OF	(a)	Category (See C	ategories listed at the t	top of this sch	edule)	(b) Description						
	EXPENDITURE		Fees						ide of Texas. Com , officeholder living				
										tal fee for Representativ			
							Greg Bonne						
	Complete ONLY if direct	Candidate/Officeholder name Office sought											
	expenditure to benefit C/OI		candidate/Onleen	older hame			gin		Onice in				
_	Data												
	Date		Payee name	ie.									
	08/30/2024		Water Oak Cat										
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de						
	\$34.52		19325 Gulf Fw	y #110									
			Webster, TX 7	7598									
	PURPOSE	(a)	Category (See C	ategories listed at the t	top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage	e Expense					ide of Texas. Com				
									, officeholder living) expense			
							Staff lunche		neeung				
	Operation Operation	L		-1-1		D## -			017	- 1-1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	gnt		Office he	eia			

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
	orean ourur ayment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 61/61 Rpt:	Friends of Dr. Greg Bonnen 00067893						
4	Date	5 Payee name						
	11/29/2024	Wreaths Across America						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$207.00	4 Point Street						
		Columbia Follo, ME 04622						
		Columbia Falls, ME 04623						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
		Candidate/Officeholder/Political Committee						
		Wreath Donation for Veterans Headstones						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

	The Instructio	on Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/1 Rpt: 108/110
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Friends of Dr. Greg Bor	nnen	00067893
4	Date 10/15/2024	 5 Name of person from whom investment is purchased Third Coast Bank 6 Address of person from whom investment is purchased; City 1850 Pearland Pkwy 	; State; Zip Code
		Pearland, TX 77581 7 Description of investment Transfer to Money Market Account 8 Amount of investment (\$)	
		110,000.00	
_	Date 11/22/2024	Name of person from whom investment is purchased Third Coast Bank Address of person from whom investment is purchased; City 1850 Pearland Pkwy	; State; Zip Code
		Pearland, TX 77581 Description of investment Funds Transferred to Money Market Account	
		Amount of investment (\$) 60,000.00	
	Date 12/30/2024	Name of person from whom investment is purchased Third Coast Bank Address of person from whom investment is purchased; City 1850 Pearland Pkwy	; State; Zip Code
		Pearland, TX 77581 Description of investment Transfer of funds to PAC Money Market account	
		Amount of investment (\$) 250,000.00	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.						bages Schedule K: 1/2 Rpt: 109/110	
2	2 FILER NAME 3 File				Filer I	D (Ethics Commiss	ion Filers)
	Friends of Dr. Greg Bonnen 00067					7893	
4	Date	5	Name of person from whom amount is received	1		8 Amount (\$)	
	08/03/2024		David Mayes Middleton campaign Account				\$408.00
		6	Address of person from whom amount is received; City; State; Zip Code				
			Galveston, TX 77553				
		7		ooliti	cal cont	tribution returned to f	iler
	Constitutional Chair reimbursement						
	Date		Name of person from whom amount is received			Amount (\$)	
	09/28/2024		David Mayes Middleton campaign Account				\$204.00
			Address of person from whom amount is received; City; State; Zip Code				
			Galveston, TX 77553				
				ooliti	cal cont	tribution returned to f	iler
			Constitutional Chair Reimbursement				
	Date	Γ	Name of person from whom amount is received			Amount (\$)	
	09/28/2024		Pastoral and Chaplain Services				\$305.00
			Address of person from whom amount is received; City; State; Zip Code				
			League City, TX 77573				
				- 1;+;	-1	1	•1
	Purpose for which amount is received Check if political cont					iler	
	Rocking chair reimbursement						
	Date		Name of person from whom amount is received			Amount (\$)	<u>ቀር 240 11</u>
	07/31/2024		Third Coast Bank				\$5,348.11
			Address of person from whom amount is received; City; State; Zip Code				
			Humble, TX 77347				
				ooliti	cal cont	I tribution returned to f	iler
			Interest on Money Market Account				
F	Date		Name of person from whom amount is received			Amount (\$)	
	09/02/2024		Third Coast Bank				\$5,712.44
	Address of person from whom amount is received; City; State; Zip Code					-	
	Address of person non-whom amount is received, Oily, state, Zip Code						
			Humble, TX 77347				
			Purpose for which amount is received Check if p	ooliti	cal cont	tribution returned to f	iler
Interest Paid on Money Market Account							

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

SCHEDULE K

	The Instruction Guide explains how to complete this form. 1 Total Sch Sch						
2	2 FILER NAME 3 F				Filer ID	0 (Ethics Commiss	ion Filers)
	Friends of Dr. Greg Bonnen 000				00067	893	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	09/30/2024		Third Coast Bank				\$4,582.09
		6	Address of person from whom amount is received; City; State; Zip Code				
			Humble, TX 77347				
		7	Purpose for which amount is received Check if p	oliti	cal conti	ribution returned to f	iler
	Interest Paid on Money Market account						
	Date		Name of person from whom amount is received			Amount (\$)	
	10/31/2024		Third Coast Bank				\$4,904.79
			Address of person from whom amount is received; City; State; Zip Code				
			Humble, TX 77347				
				oliti	cal conti	ribution returned to f	iler
			Interest earned on Money Market Account				
	Date		Name of person from whom amount is received			Amount (\$)	
	12/01/2024		Third Coast Bank				\$4,828.03
	Address of person from whom amount is received; City; State; Zip Code						
			Humble, TX 77347				
			Purpose for which amount is received Check if p	oliti	cal conti	ribution returned to f	iler
			Interest Deposit /earned on Money Market account				
	Date Name of person from whom amount is received					Amount (\$)	
	12/31/2024		Third Coast Bank				\$4,596.98
			Address of person from whom amount is received; City; State; Zip Code				
			Humble, TX 77347			 	
			Purpose for which amount is received Check if p Interest Deposit on Money Market Account	oliti	cal conti	ribution returned to f	ller
⊢							