

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

<b>The SPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00067893	<b>2</b> Total pages filed: 110
<b>3</b> COMMITTEE NAME Friends of Dr. Greg Bonnen		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 01/14/2025	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1183  Friendswood, TX 77549-1183	Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Kim		
	NICKNAME LAST SUFFIX Bonnen		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 405 David Street  Friendswood, TX 77546		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 405 David Street  Friendswood, TX 77546		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 405 David Street  Friendswood, TX 77546		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 405 David Street  Friendswood, TX 77546		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 993-2846		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded modified reporting limit
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination	
<b>10</b> PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 12/31/2024
<b>11</b> ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Friends of Dr. Greg Bonnen		<b>13 Filer ID</b> (Ethics Commission Filers) 00067893				
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b> Dr. James Gregory Bonnen  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> State Representative				
	<input type="checkbox"/> Measure	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><b>BALLOT IDENTIFICATION / #</b></td> <td style="padding: 5px;"><b>ELECTION DATE</b></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;">                     Month    Day    Year                 </td> </tr> </table>	<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>		Month    Day    Year
	<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>				
		Month    Day    Year				
	<b>DESCRIPTION</b>					
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</b>	\$ 0.00				
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 505,709.62				
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00				
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 108,009.22				
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 2,081,167.34				
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 450,000.00				

**16 AFFIDAVIT**

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

\_\_\_\_\_  
 Mrs. Kim Bonnen  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 110

<b>17 COMMITTEE NAME</b> Friends of Dr. Greg Bonnen	<b>18 Filer ID</b> (Ethics Commission Filers) 00067893
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<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 497,370.62
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,339.00
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 450,000.00
8. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 108,009.22
9. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input checked="" type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 420,000.00
11. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 30,889.44

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/40 Rpt: 4/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00040279 ) ABBOTT Laboratories Employee PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abbott Park, IL 60064-6028	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) AT&T Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342 ) AbbVie PAC <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60064	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Action Behavior Centers Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahlberg, Trevor (Mr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Cottonwood Financial

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/40 Rpt: 5/110
2 FILER NAME Friends of Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen Boone Humphries Robinson LLP	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77027	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089136 ) Altria Group PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Washington, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00830083 ) American Homes 4 Rent TRS LLC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Las Vegas, NV 89119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Associated Builders & Contractors of Greater Houston PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77098	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Associated General Contractors of Texas PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/40 Rpt: 6/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Austin Firefighters Association <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78752	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Shawn <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$480.30
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) AMOCO Fed. Credit Union
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beef PAC <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bennett, Montgomery <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ashford Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/40 Rpt: 7/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bing, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Education Consulting		<b>9</b> Employer (See Instructions) Thunderbird School of Global Management
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bionat, Christian <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$480.30
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Greater Houston Partnership
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackridge <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CM Garver Investments <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$2,401.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Randy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78763	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/40 Rpt: 8/110
2 FILER NAME Friends of Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Callender, David	7 Amount of Contribution (\$) \$2,401.50
	6 Contributor address; City; State; Zip Code  Houston, TX 77024	
8 Principal occupation / Job title (See Instructions) Physician/Administrator		9 Employer (See Instructions) Memorial Hermann
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cammack and Strong P.C.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capital Leadership Fund	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carriage House Partners LLC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78767	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castleman, Ryan & Pamela	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77057	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Castleman Development



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/40 Rpt: 9/110
2 FILER NAME Friends of Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
4 Date 12/11/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00397851 ) Centene Corporation PAC	7 Amount of Contribution (\$) \$2,000.00
	6 Contributor address; City; State; Zip Code  St Louis , MO 63105	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charter Communications, Inc. Texas PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035006 ) Chevron Employees Pac	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  San Ramon, CA 94583	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00348938 ) Chubb Group Holdings Inc. PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Philadelphia, PA 19106	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chun Chang, Amber Sean	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Office Specialist		Employer (See Instructions) All City RealEstate

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/40 Rpt: 10/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00085316 ) Cigna Corporation PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Philadelphia, PA 19192	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colyandro, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$480.30
Principal occupation / Job title (See Instructions) Public Affairs Consultant		Employer (See Instructions) Colyandro Public Affairs
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colyandro, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Public Affairs Consultant		Employer (See Instructions) Colyandro Public Affairs
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716 ) Comcast Corporation and NBC Universal PAC <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19103	Amount of Contribution (\$)  \$3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Matthew <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77443	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Managing Principal		Employer (See Instructions) Arete Public Affairs

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/40 Rpt: 11/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00030734 ) Constellation Brands , Inc. PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Victor, NY 14564	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00086617 ) Cornerstone Government Affairs Texas PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20024	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016018 ) DOW PAC <hr/> Contributor address; City; State; Zip Code  Midland, MI 48674	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DPSOA-PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78752	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delisi Communications PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/40 Rpt: 12/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) EHRA Engineering, PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77042	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) EMPACT <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00197228 ) Elevance Health PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00197228 ) Elevance Health PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Energy Transfer Partners Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/40 Rpt: 13/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00219642 ) Enterprise Holdings, INC PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Louis, MO 63105	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FOMCPAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fertita, Tilman (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Landry's Corp.
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Focused Advocacy PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2402	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of TSTC PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/40 Rpt: 14/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of UNT PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75380	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of UT Dallas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of UT System PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of the TTU System PAC <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 74909	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of the University PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78763	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/40 Rpt: 15/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 00440453 ) Gainwell Holding Corp PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conway, AR 72034	<b>7</b> Amount of Contribution (\$)  \$3,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galveston Republican Women PAC <hr/> Contributor address; City; State; Zip Code  League City, TX 77574	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Genen PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Germania Farm Mutual PAC <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77834	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giglio, Charles <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Giglip Distributing		Employer (See Instructions) CEO

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/40 Rpt: 16/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grace and McEwan Consulting <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray Reed PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gulf States Toyota Inc. State PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOME-PAC Greater Houston Builders Association <hr/> Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOMEPAC of the Texas Assn. of Builders <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/40 Rpt: 17/110
2 FILER NAME Friends of Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOMEPAC of the Texas Assn. of Builders	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOSPAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HS Law PAC	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanna, Debbie	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78703	
Principal occupation / Job title (See Instructions) Financial Consultant		Employer (See Instructions) Self
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hartman, Gordon	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78216	
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Hartman Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/40 Rpt: 18/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HeartPlace PAC	<b>7</b> Amount of Contribution (\$) \$2,000.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 77549-7524		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopping, Disiree and Ron (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Doctors		Employer (See Instructions) Hopping Eye Associates
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Associated General Contractors PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Pilots PAC Fund	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Deer Park, TX 77536		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Pilots PAC Fund	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Deer Park, TX 77536		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/40 Rpt: 19/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IATSE 484 PAC Fund	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IBC State PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Independent Bankers Association of Texas PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson Walker, LLP PAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75202-3748		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010983 ) Johnson & Johnson PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Washington , DC 20005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/40 Rpt: 20/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 08/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	<b>7</b> Amount of Contribution (\$)  \$1,041.02
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, John <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Silver Eagle Houston
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joiner, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Kemah, TX 77564	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Joiner Partnership, Inc.
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Junior and Community College PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) K&L Gates LLP Committee for Good Government <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/40 Rpt: 21/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karlsruher, David & Jessica	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737		
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) Root Strategies
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kevin Roberts Campaign Fund	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Spring, TX 77379		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirby Corp PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Houston, TX 77007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laine, Dale	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Laine Strategy GroupLLC
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lanier, Mark & Becky	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Houston, TX 77070		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lanier Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/40 Rpt: 22/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger Goggan Blair and Sampson, LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78760	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lundquist, Tama <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) RouTTe One Productions
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MOAK Casey PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MOAK Casey PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manufacturers PAC of Texas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/40 Rpt: 23/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342 ) McGuire Woods Federal PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, VA 23219	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McReaken, Douglas <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485 ) Merck Employees PAC <hr/> Contributor address; City; State; Zip Code  Washington DC, DC 20004	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moreno, Mark <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Hospital Administrator		Employer (See Instructions) MD Anderson
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munoz, Lindsay <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$960.60
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Whitmire Munoz LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/40 Rpt: 24/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munoz, Lindsay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<b>7</b> Amount of Contribution (\$)  \$480.30
<b>8</b> Principal occupation / Job title (See Instructions) Government Affairs		<b>9</b> Employer (See Instructions) Whitmire Munoz LLC
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NCHA's Texas Events PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nau, John <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$9,606.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ONCOR Texas State PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75202	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Occidental Petroleum Corporation PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/40 Rpt: 25/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00554444 ) One Gas Inc PAC	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Tulsa, OK 74103		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Organizing for Texas Seniors	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75231		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PAC for Engineers	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PADFOOT PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Houston, TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016683 ) PFIZER PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code  New York, NY 10001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/40 Rpt: 26/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00025395</u> ) PNM Responsible Citizens Group	<b>7</b> Amount of Contribution (\$) \$750.00
<b>6</b> Contributor address; City; State; Zip Code  Albuquerque, NM 87158		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00103549</u> ) Parsons Corporation PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Pasadena, CA 91124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pediatric Dentist PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00469205</u> ) Pediatrix Medical Group	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Sunrise, FL 33323		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PharmPac	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/40 Rpt: 27/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00513549 ) Phillips 66 PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington DC, DC 20004	<b>7</b> Amount of Contribution (\$)  \$1,000.66
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00239780 ) Phillips North America LLC PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitts, John <hr/> Contributor address; City; State; Zip Code  Houston, TX 70019	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Star Alliance
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poinsett PLLC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Political Action Committee Of The Independent Insurance Agents of <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/40 Rpt: 28/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Provider Coalition For Care PAC	<b>7</b> Amount of Contribution (\$) \$10,000.00
<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00097568</u> ) RTX Corporation	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code  Arlington, VA 22209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Restore Trust Texas	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Mountain Brook , AL 35223		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robison, Douglas and Angie	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code  Abilene, TX 79605		
Principal occupation / Job title (See Instructions) Founder CEO		Employer (See Instructions) Natura Resources
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ron Lewis & Associates	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/40 Rpt: 29/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Larry and Helen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosenzweig, Robin Lynn <hr/> Contributor address; City; State; Zip Code  Boca Raton, FL 33434	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Colfax Law Office
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rydman, John & Lindy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Vision Keeper		Employer (See Instructions) Specs Liquor
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz, Page, and Harding LLP <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00008748 ) Sempra Energy <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92101	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/40 Rpt: 30/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shafi, Jay	<b>7</b> Amount of Contribution (\$) \$2,602.54
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75209		
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions) Lucent Dental Group
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon III, Fred	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Round Mountain, TX 78663		
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Self
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherman, Curtis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shipton, Patricia	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Government Affairs Consultant		Employer (See Instructions) Ron Lewis & Associates
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silva, Ezequiel	Amount of Contribution (\$) \$960.60
Contributor address; City; State; Zip Code  San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/40 Rpt: 31/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southwest Airlines PAC	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75235		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stan Schlueter Consulting	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code  Austin, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sysco Corp. Good Government Committee, INC.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TALAPAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code  Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TBA Bank PAC -State	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/40 Rpt: 32/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TNLA PAC ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745-6621	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TREPAC Texas Association of Realtors PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78682-2246	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00066719 ) Tenaska Employees Texas PAC ..... Contributor address; City; State; Zip Code  Omaha, NE 68154	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans For Lawsuit Reform PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans For Lawsuit Reform PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$6,550.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/40 Rpt: 33/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans For Lawsuit Reform PAC	<b>7</b> Amount of Contribution (\$) \$10,000.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans For Reasonable Solutions	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78741		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Aggregates & Concrete Association PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Alliance for Life PAC	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78754		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Alliance for Life PAC	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78754		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/40 Rpt: 34/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Apartment Association PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Association for Home Care and Hospice <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$5,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Association of Pawn Brokers PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Chemistry Council <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas College of Emergency Physicians PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/40 Rpt: 35/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Cornerstone Credit Union League PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75265	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Dairymen PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78711	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Dental Association Political Action Committee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Early Childcare PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Health Care Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/40 Rpt: 36/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Instruments Incorporated PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75243-0592	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Mcdonalds Operators Association <hr/> Contributor address; City; State; Zip Code  Athens, TX 75751	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Motion Picture Alliance PAC <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Nurse PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/40 Rpt: 37/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Nurse Practitioners PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Optometric PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Our Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78767	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Physicians for Patients PAC <hr/> Contributor address; City; State; Zip Code  Marble Falls, TX 78654	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Podiatric Medical Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/40 Rpt: 38/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Radiological Society PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78257	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Restaurant Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78767-1429	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas State Association of Fire Fighters <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$1,200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas State University System PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Travel Alliance Travel Pac <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 38/40 Rpt: 41/110
2 FILER NAME Friends of Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) USAA Employee PAC	7 Amount of Contribution (\$) \$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 11/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00544957</u> ) USACS PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Canton , OH 44718		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00101766</u> ) United Airlines PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code  Chicago, IL 60606		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) University of Houston PAC	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Houston, TX 77227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valero Energy Corporation PAC	Amount of Contribution (\$) \$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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/40 Rpt: 42/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veterinarian PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78754	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vistra Employment Pac <hr/> Contributor address; City; State; Zip Code  Irving, TX 77039	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00093054 ) Walpac <hr/> Contributor address; City; State; Zip Code  Bentonville, AR 72716	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zachry Construction Corporation PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78265-3240	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/2 Rpt: 44/110	
2 FILER NAME Friends of Dr. Greg Bonnen		3 Filer ID (Ethics Commission Filers) 00067893	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fertita, Tilman (Mr.)	8 Amount of contribution (\$) \$3,991.39	9 In-kind contribution description Reception food and beverage
	7 Contributor address; City; State; Zip Code  Houston, TX 77027	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) President		11 Employer (FOR NON-JUDICIAL) (See instructions) Landry's Corp.	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lock Lord LLP	Amount of contribution (\$) \$3,697.61	In-kind contribution description Fundraiser Fee & Expenses
	Contributor address; City; State; Zip Code  Houston, TX 77002	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Second Floor Strategies	Amount of contribution (\$) \$350.00	In-kind contribution description Invitation design for Austin Fundraiser
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 45/110	
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b>	
<b>5</b> Date 12/11/2024	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans For Lawsuit Reform PAC <hr/> <b>7</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>8</b> Amount of contribution (\$) \$300.00	<b>9</b> In-kind contribution description Campaign Fundraiser
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Check if travel outside of Texas. Complete Schedule T.

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 46/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 07/01/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, James Gregory (Dr.)	<b>9</b> Loan Amount (\$) \$450,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Friendswood, TX 77546	<b>10</b> Interest Rate
		<b>11</b> Maturity Date 12/31/2024
<b>12</b> Principal occupation / Job title (See Instructions) Neurosurgeon		<b>13</b> Employer (See Instructions) Self Employed
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> <b>N/A</b>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/61 Rpt: 47/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 08/07/2024	<b>5</b> Payee name 4B Disaster Response
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<b>6</b> Amount (\$) \$354.27	<b>7</b> Payee address; City; State; Zip Code 2700B Texas Ave  Texas City, TX 77590
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship Fee for Golf Tournament
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/14/2024	Payee name 4B Disaster Response
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Amount (\$) \$118.30	Payee address; City; State; Zip Code 2700B Texas Ave  Texas City, TX 77590
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship fee for Golf Tournament
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/24/2024	Payee name A+ Pack N Ship
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Amount (\$) \$20.22	Payee address; City; State; Zip Code 1620 S Friendswood Dr  Friendswood, TX 77546
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing/Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/61 Rpt: 48/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/31/2024	<b>5</b> Payee name AJ & RA Investments LLC	
<b>6</b> Amount (\$) \$30,800.00	<b>7</b> Payee address; City; State; Zip Code 1816 Eagles Glen Cove  Austin, TX 78732	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Expense for State Rep Dr. Greg Bonnen apartment 89 R Legislature
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/25/2024	Payee name AT&T Services	
Amount (\$) \$90.78	Payee address; City; State; Zip Code PO Box 204089  Austin, TX 78720	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Service for Representative Bonnen's Austin Apartment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/27/2024	Payee name AT&T Services	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 204089  Austin, TX 78720	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet service & set up for State Representative Dr. Greg Bonne's Austin Apartment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/61 Rpt: 49/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/18/2024	<b>5</b> Payee name Adria Womens Health	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 10000 Emmett F Lowry Expy Suite 1240  Texas City, TX 77591	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Gala Donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name American Heart Association	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 7272 Greenville Ave.  Dallas, TX 75231	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee for American Heart Walk
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name American Heart Association	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 7272 Greenville Ave.  Dallas, TX 75231	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee for AHA Heart Walk
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/61 Rpt: 50/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 10/25/2024	<b>5</b> Payee name American Heart Association
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 7272 Greenville Ave.  Dallas, TX 75231
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee for AHA Heart Walk
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/13/2024	Payee name American Heart Association
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 7272 Greenville Ave.  Dallas, TX 75231
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Walk for Heart
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/13/2024	Payee name American Heart Association
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 7272 Greenville Ave.  Dallas, TX 75231
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation/Registration Walk for Heart
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/61 Rpt: 51/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 10/22/2024	<b>5</b> Payee name Angie Chen Button Campaign
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<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 832748  Richardson, TX 75083
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donation
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/25/2024	Payee name Battleship Texas Foundation
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Amount (\$) \$150.00	Payee address; City; State; Zip Code One Riverway, Suite 2200 Houston, TX 77056
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2024	Payee name Bay Area Alliance for Youth
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Amount (\$) \$257.77	Payee address; City; State; Zip Code 2425 East Main Street  League City, TX 77573
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/61 Rpt: 52/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 11/27/2024	<b>5</b> Payee name Bay Area Houston Ballet and Theter	
<b>6</b> Amount (\$) \$65.00	<b>7</b> Payee address; City; State; Zip Code 1300 Bay Area Blvd Suite B 264,  Houston, TX 77058	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Lunch expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Bay Area Houston Economic Partnership	
Amount (\$) \$325.00	Payee address; City; State; Zip Code 18045 Saturn Ln  Houston, TX 77058	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament Sponsorship fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Bay Area Republican Women PAC	
Amount (\$) \$275.00	Payee address; City; State; Zip Code P.O. Box 58103  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Representative Bonnen's Ad in annual directory
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/61 Rpt: 53/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 10/04/2024	<b>5</b> Payee name Bay Area Republican Women PAC
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<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 58103  Webster, TX 77598
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/10/2024	Payee name Bay Area Republican Women PAC
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Amount (\$) \$80.00	Payee address; City; State; Zip Code P.O. Box 58103  Webster, TX 77598
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fees for State Representative Dr. Greg Bonnen Campaign
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2024	Payee name Bay Oaks Country Club
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Amount (\$) \$29.00	Payee address; City; State; Zip Code 14545 Bay Oaks Blvd  Houston, TX 77059
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/61 Rpt: 54/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/04/2024	<b>5</b> Payee name Bay Oaks Country Club	
<b>6</b> Amount (\$) \$58.00	<b>7</b> Payee address; City; State; Zip Code 14545 Bay Oaks Blvd  Houston, TX 77059	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2024	Payee name Best Buy	
Amount (\$) \$41.12	Payee address; City; State; Zip Code 2510 Gulf Fwy. S.  League City, TX 77573	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supply - Flash Drive
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Birraporetti's Restaurant	
Amount (\$) \$14.20	Payee address; City; State; Zip Code 400 W Parkwood Ave,  Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/61 Rpt: 55/110	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 08/29/2024	<b>5</b> Payee name Black Rock Coffee
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<b>6</b> Amount (\$) \$7.06	<b>7</b> Payee address; City; State; Zip Code 2494 Gulf Fwy S  League City, TX 77573
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee meeting with staff
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/04/2024	Payee name Black Rock Coffee
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Amount (\$) \$7.60	Payee address; City; State; Zip Code 2494 Gulf Fwy S  League City, TX 77573
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting food expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/13/2024	Payee name Blue and Trust
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 952 Echo Ln # 430  Houston, TX 77024
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Preparation for Financial Statement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 07/08/2024	<b>5</b> Payee name Butcher, Cynthia
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<b>6</b> Amount (\$) \$837.32	<b>7</b> Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement for June
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/08/2024	Payee name Butcher, Cynthia
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Amount (\$) \$1,720.00	Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense June Wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/08/2024	Payee name Butcher, Cynthia
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Amount (\$) \$510.69	Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for July Mileage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/16/2024	<b>5</b> Payee name Butcher, Cynthia	
<b>6</b> Amount (\$) \$2,334.40	<b>7</b> Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of travel/expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Butcher, Cynthia	
Amount (\$) \$1,720.00	Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense July Pay
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Butcher, Cynthia	
Amount (\$) \$1,720.00	Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense August Pay
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 11/18/2024	<b>5</b> Payee name Butcher, Cynthia	
<b>6</b> Amount (\$) \$1,720.00	<b>7</b> Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff wages
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/18/2024	Payee name Butcher, Cynthia	
Amount (\$) \$1,720.00	Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/18/2024	Payee name Butcher, Cynthia	
Amount (\$) \$1,733.73	Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for District Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 12/11/2024	<b>5</b> Payee name Butcher, Cynthia
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<b>6</b> Amount (\$) \$1,720.00	<b>7</b> Payee address; City; State; Zip Code 13603 Willow Heights Court  Houston, TX 77059
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November wages
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/28/2024	Payee name CVS
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Amount (\$) \$34.70	Payee address; City; State; Zip Code 980 Clear Lake City Blvd  Webster, TX 77598
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of diapers Diaper Drive Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2024	Payee name Canva
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Amount (\$) \$92.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street, Building 1  Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Business cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 11/18/2024	<b>5</b> Payee name Chick Fil A	
<b>6</b> Amount (\$) \$61.79	<b>7</b> Payee address; City; State; Zip Code 503 West Martin Luther King Jr. Blvd  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capital Staff lunch
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/06/2024	Payee name Chick Fil A	
Amount (\$) \$77.13	Payee address; City; State; Zip Code 18323 Gulf Fwy  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign lunch expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/13/2024	Payee name Chick Fil A	
Amount (\$) \$279.72	Payee address; City; State; Zip Code 503 W Martin Luther King Jr Blvd  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for State Representative Bonnen's Capital Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 16/61 Rpt:	<b>2</b>	FILER NAME Friends of Dr. Greg Bonnen	<b>3</b>	Filer ID (Ethics Commission Filers) 00067893
<b>4</b>	Date 08/23/2024	<b>5</b>	Payee name Clear Creek Republican Woman PAC		
<b>6</b>	Amount (\$) \$500.00	<b>7</b>	Payee address; City; State; Zip Code 2301 Meadows Blvd.  League City, TX 77573		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Republican Rally		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/29/2024		Payee name Clear Creek Republican Woman PAC		
	Amount (\$) \$165.00		Payee address; City; State; Zip Code 2301 Meadows Blvd.  League City, TX 77573		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon Expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/09/2024		Payee name Clear Creek Republican Women PAC		
	Amount (\$) \$160.00		Payee address; City; State; Zip Code 2301 Meadows Blvd.  League City, TX 77573		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fees for State Representative Dr. Greg Bonnen campaign		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 09/16/2024	<b>5</b> Payee name Clear Lake Area Chamber of Commerce
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<b>6</b> Amount (\$) \$70.00	<b>7</b> Payee address; City; State; Zip Code 1201 E. Nasa Parkway  Houston, TX 77058
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name Clear Lake Area Chamber of Commerce
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 1201 E. Nasa Parkway  Houston, TX 77058
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2024	Payee name Clear Lake Area Chamber of Commerce
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 1201 E. Nasa Parkway  Houston, TX 77058
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Lunch expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 12/06/2024	<b>5</b> Payee name Clear Lake Area Chamber of Commerce
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<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 1201 E. Nasa Parkway  Houston, TX 77058
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2024	Payee name Clear Lake Area Chamber of Commerce
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Amount (\$) \$289.00	Payee address; City; State; Zip Code 1201 E. Nasa Parkway  Houston, TX 77058
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fees for State Representative Dr. Greg Bonnen
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/20/2024	Payee name Cocke, Cameron
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4006 Idlewild  Austin, TX 78731
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 19/61 Rpt:	<b>2</b>	FILER NAME Friends of Dr. Greg Bonnen	<b>3</b>	Filer ID (Ethics Commission Filers) 00067893
<b>4</b>	Date 11/20/2024	<b>5</b>	Payee name Cole Gordon Foundation		
<b>6</b>	Amount (\$) \$1,000.00	<b>7</b>	Payee address; City; State; Zip Code 2576 County Rd 144,  Alvin, TX 77511		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Cole Gordon FOUNdation Gala		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/24/2024		Payee name Copy Doctor Friendswood		
	Amount (\$) \$230.37		Payee address; City; State; Zip Code 1101 S Friendswood Dr,  Friendswood , TX 77546		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scanning of pictures		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/07/2024		Payee name Delta Blues BBQ		
	Amount (\$) \$100.00		Payee address; City; State; Zip Code 19901 Gulf Fwy,  Webster, TX 77598		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you gift for parade car		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/02/2024	<b>5</b> Payee name Dennis Paul Campaign	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 626 Barringer  Webster, TX 77598	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Domain Name Services	
Amount (\$) \$265.00	Payee address; City; State; Zip Code 2155 E. GoDaddy Way  Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dr. Bonnen's campaign website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2024	Payee name Domino's Pizza	
Amount (\$) \$41.99	Payee address; City; State; Zip Code 1900 Guadalupe  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner expense for State Representative Dr. Greg Bonnen's capital staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/11/2024	<b>5</b> Payee name Doordash	
<b>6</b> Amount (\$) \$221.36	<b>7</b> Payee address; City; State; Zip Code 303 2nd Street Suite 800 San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner expense for Capital Staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2024	Payee name Doordash	
Amount (\$) \$170.63	Payee address; City; State; Zip Code 303 2nd Street Suite 800 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner expense for State Representative Dr. Greg Bonnen's staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2024	Payee name Elizabeth Street Cafe	
Amount (\$) \$271.11	Payee address; City; State; Zip Code 1501 S 1st Street  Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capital Staff lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 07/23/2024	<b>5</b> Payee name Extra Space	
<b>6</b> Amount (\$) \$537.00	<b>7</b> Payee address; City; State; Zip Code 2631 S. Capital Of Texas Hwy  Austin, TX 78746	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense July Rent for Rep Bonnen's Austin Storage Unit
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/23/2024	Payee name Extra Space	
Amount (\$) \$537.00	Payee address; City; State; Zip Code 2631 S. Capital Of Texas Hwy  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense August Rent for Representative Bonnen's Austin storage unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/23/2024	Payee name Extra Space	
Amount (\$) \$537.00	Payee address; City; State; Zip Code 2631 S. Capital Of Texas Hwy  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense September Rent for Representative Dr. Bonnen's storage unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/24/2024	<b>5</b> Payee name Extra Space	
<b>6</b> Amount (\$) \$537.00	<b>7</b> Payee address; City; State; Zip Code 2631 S. Capital Of Texas Hwy  Austin, TX 78746	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense October Rent for Representative Bonnen's storage unit
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/25/2024	Payee name Extra Space	
Amount (\$) \$537.00	Payee address; City; State; Zip Code 2631 S. Capital Of Texas Hwy  Austin, TX 78746	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense November Rent for Representative Bonnen's Austin Storage Unit
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/23/2024	Payee name Extra Space	
Amount (\$) \$537.00	Payee address; City; State; Zip Code 2631 S. Capital Of Texas Hwy  Austin, TX 78746	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense December rent for State Representative Dr. Greg Bonnen's Austin storage unit
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/20/2024	<b>5</b> Payee name Floren, Casey	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1801 Clifford Avenue  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December wages
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name Fresa's	
Amount (\$) \$241.34	Payee address; City; State; Zip Code 915 N. Lamar Blvd  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for capital staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Friendswood Chamber of Commerce	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1100 South Friendswood Drive  Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/27/2024	<b>5</b> Payee name Friendswood Chamber of Commerce	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 1100 South Friendswood Drive  Friendswood, TX 77546	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Friendswood Chamber of Commerce	
Amount (\$) \$175.10	Payee address; City; State; Zip Code 1100 South Friendswood Drive  Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber membership fees for Representative Dr. Greg Bonnen
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2024	Payee name Friendswood Chamber of Commerce	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 1100 South Friendswood Drive  Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/05/2024	<b>5</b> Payee name Galco Solutions	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 117 Country Lane  League City, TX 77573	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Storage Dr. Greg Bonnen's Campaign Road Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/22/2024	Payee name Galveston County Republican Party	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1100 S Interstate 45  League City, TX 77573	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/05/2024	Payee name Galveston County Republican Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1100 S Interstate 45  League City, TX 77573	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Galveston Co Republican Party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 07/22/2024	<b>5</b> Payee name Galveston Regional Chamber of Commerce	
<b>6</b> Amount (\$) \$375.00	<b>7</b> Payee address; City; State; Zip Code 2228 Mechanic St.  Galveston, TX 77550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Galveston Republican Women	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 908 Layfair Place  Friendswood , TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Galveston Republican Women	
Amount (\$) \$135.00	Payee address; City; State; Zip Code 908 Layfair Place  Friendswood , TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/24/2024	<b>5</b> Payee name Galveston Republican Women	
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code 908 Layfair Place  Friendswood , TX 77546	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Go Daddy	
Amount (\$) \$22.17	Payee address; City; State; Zip Code 100 S. Mill Ave, Suite 1600  Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Representative Dr. Greg Bonnen campaign website domain name
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name Google Apps	
Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Apps for office staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 08/02/2024	<b>5</b> Payee name Google Apps	
<b>6</b> Amount (\$) \$30.70	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google apps for staff
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/03/2024	Payee name Google Apps	
Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Apps for Capital staff
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/02/2024	Payee name Google Apps	
Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google apps for staff
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 11/04/2024	<b>5</b> Payee name Google Apps
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<b>6</b> Amount (\$) \$30.70	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apps for staff
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/02/2024	Payee name Google Apps
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Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Apps for Capital Staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Gringos
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Amount (\$) \$42.82	Payee address; City; State; Zip Code 2202 Broadway St  Pearland, TX 77581
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch/travel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/18/2024	<b>5</b> Payee name Gringos	
<b>6</b> Amount (\$) \$308.04	<b>7</b> Payee address; City; State; Zip Code 10200 EF, 10200 Emmett F Lowry Expy  Texas City, TX 77591	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch expense for District Roundtable meetings with State Representative Dr. Greg Bonnen
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/04/2024	Payee name HEB	
Amount (\$) \$25.87	Payee address; City; State; Zip Code 3501 Clear Lake City Blvd,  Austin, TX 77059	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for staff meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/18/2024	Payee name HEB	
Amount (\$) \$31.31	Payee address; City; State; Zip Code 3501 Clear Lake City Blvd,  Austin, TX 77059	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/17/2024	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$147.70	<b>7</b> Payee address; City; State; Zip Code 3501 Clear Lake City Blvd,  Austin, TX 77059	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for District Roundtable meetings
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name Harland Clark Checks	
Amount (\$) \$39.81	Payee address; City; State; Zip Code 1850 Pearland Pkwy  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Order for account
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name Harland Clark Checks	
Amount (\$) \$179.72	Payee address; City; State; Zip Code 1850 Pearland Pkwy  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check printing for bank account
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 08/15/2024	<b>5</b> Payee name Hartin, Brigitt	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 5932 Gorham Glen Ln.  Austin, TX 78739	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense June Pay for staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Hartin, Brigitt	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5932 Gorham Glen Ln.  Austin, TX 78739	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages for October
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2024	Payee name Hartin, Brigitt	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5932 Gorham Glen Ln.  Austin, TX 78739	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 07/02/2024	<b>5</b> Payee name Hill Country Springs Water	
<b>6</b> Amount (\$) \$7.58	<b>7</b> Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for office staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/02/2024	Payee name Hill Country Springs Water	
Amount (\$) \$7.58	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for capital office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/02/2024	Payee name 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	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for Capital office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 09/04/2024	<b>5</b> Payee name Hill Country Springs Water
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<b>6</b> Amount (\$) \$7.58	<b>7</b> Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for office staff
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/04/2024	Payee name Hill Country Springs Water
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Amount (\$) \$40.31	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for office staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name Hill Country Springs Water
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Amount (\$) \$7.58	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for Capital office staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 10/02/2024	<b>5</b> Payee name Hill Country Springs Water
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<b>6</b> Amount (\$) \$22.65	<b>7</b> Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for capital office
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2024	Payee name Hill Country Springs Water
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Amount (\$) \$7.58	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled waster for Capital Staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2024	Payee name Hill Country Springs Water
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Amount (\$) \$8.66	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for capital staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/03/2024	<b>5</b> Payee name Hill Country Springs Water	
<b>6</b> Amount (\$) \$7.58	<b>7</b> Payee address; City; State; Zip Code 10019 S I -35 Frontage Road  Austin, TX 78747	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled Water for Capital staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water for capital office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Hitchcock Chamber of Commerce	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 8125 Highway 6 # A  Hitchcock, TX 77563	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 11/19/2024	<b>5</b> Payee name Hitchcock Chamber of Commerce
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<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 8125 Highway 6 # A  Hitchcock, TX 77563
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/19/2024	Payee name Hitchcock Chamber of Commerce
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 8125 Highway 6 # A  Hitchcock, TX 77563
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon Expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name Hitchcock Education Foundation
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Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 7801  Hitchcock, TX 77563
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/18/2024	<b>5</b> Payee name Hobby Lobby	
<b>6</b> Amount (\$) \$30.30	<b>7</b> Payee address; City; State; Zip Code 2740 Gulf Fwy S  League City, TX 77573	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frame for Texas flag gift
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2024	Payee name Home Depot	
Amount (\$) \$120.88	Payee address; City; State; Zip Code 18251 Gulf Fwy  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations for State Representative Greg Bonnen Friendswood Parade float
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Home Slice Pizza	
Amount (\$) \$407.93	Payee address; City; State; Zip Code 501 E 53rd North Loop  Austin, TX 78751	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch expense for staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Hope Village	
<b>6</b> Amount (\$) \$72.10	<b>7</b> Payee address; City; State; Zip Code 15403 Hope village RD  Friendswood, TX 77546	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign lunch expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2024	Payee name Houston Garden Centers	
Amount (\$) \$107.15	Payee address; City; State; Zip Code 21001 Gulf Fwy  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for State Representative Dr. Greg Bonnen's Friendswood parade float
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Janie Lopez Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 2073  San Benito, TX 78586	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Janie Lopez Campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/12/2024	<b>5</b> Payee name Janie Lopez Campaign Winred	
<b>6</b> Amount (\$) \$1,041.02	<b>7</b> Payee address; City; State; Zip Code P.O. Box 2073  San Benito, TX 78586	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic Donation to Janie Lopez Campaign
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Jason's Deli	
Amount (\$) \$182.62	Payee address; City; State; Zip Code 541 W Bay Area Blvd  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff luncheon meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name Jenny's Bakery	
Amount (\$) \$84.00	Payee address; City; State; Zip Code 124 S Friendswood Dr  Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food expense for Kidz Harbor Gala meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/24/2024	<b>5</b> Payee name John Lujan for State Rep	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 14479  San Antonio, TX 78214	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name LaBrisa Restaurant	
Amount (\$) \$30.03	Payee address; City; State; Zip Code 501 N. Wesley Dr.  League City, TX 77573	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign dinner expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name LaBrisa Restaurant	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 501 N. Wesley Dr.  League City, TX 77573	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/17/2024	<b>5</b> Payee name LaBrisa Restaurant	
<b>6</b> Amount (\$) \$20.00	<b>7</b> Payee address; City; State; Zip Code 501 N. Wesley Dr.  League City, TX 77573	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon Expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2024	Payee name LaBrisa Restaurant	
Amount (\$) \$19.92	Payee address; City; State; Zip Code 501 N. Wesley Dr.  League City, TX 77573	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name LaBrisa Restaurant	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 501 N. Wesley Dr.  League City, TX 77573	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/24/2024	<b>5</b> Payee name Lacey Hull for Texas	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 19231  Houston, TX 77224	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Law Enforcement Alliance For Galveston County	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1252 Briar Creek Dr.  Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name League City Chamber of Commerce	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 1101 W. Main  League City, TX 77573	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 09/19/2024	<b>5</b> Payee name League City Chamber of Commerce
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<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 1101 W. Main  League City, TX 77573
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Luncheon expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/17/2024	Payee name League City Chamber of Commerce
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Amount (\$) \$335.00	Payee address; City; State; Zip Code 1101 W. Main  League City, TX 77573
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fees for State Representative Dr. Greg Bonnen
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2024	Payee name League City Lions Club
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 402 W Main St.  League City, TX 77573
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Music Festival
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 46/61 Rpt:	<b>2</b>	FILER NAME Friends of Dr. Greg Bonnen	<b>3</b>	Filer ID (Ethics Commission Filers) 00067893
<b>4</b>	Date 08/23/2024	<b>5</b>	Payee name Local Foods		
<b>6</b>	Amount (\$) \$138.11	<b>7</b>	Payee address; City; State; Zip Code 454 W 2nd St  Austin, TX 78701		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch expense for capital staff		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 10/31/2024		Payee name Luby's Cafeteria		
	Amount (\$) \$142.77		Payee address; City; State; Zip Code 20001 Gulf Fwy  Webster, TX 77598		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Turkey purchase for Clear Creek Area Retired Teachers luncheon		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 12/11/2024		Payee name Lupe Tortillas		
	Amount (\$) \$221.21		Payee address; City; State; Zip Code 891 W Bay Area Blvd  Webster, TX 77598		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch supplies for Kidz Harbor Gala meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 47/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 11/13/2024	<b>5</b> Payee name Mahjong 101	
<b>6</b> Amount (\$) \$85.16	<b>7</b> Payee address; City; State; Zip Code 2202 The Strand,  Galveston, TX 77550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign dinner expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2024	Payee name Mezzeme Turkish Kitchen	
Amount (\$) \$404.79	Payee address; City; State; Zip Code 4700 W Guadalupe St #A9  Austin, TX 78751	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for Board of Review meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2024	Payee name Move and Care	
Amount (\$) \$103.50	Payee address; City; State; Zip Code 5453 Burnet Rd #134,  Austin, TX 78756	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Moving expense for State Representative Bonnen's Austin Apartment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 48/61 Rpt:	<b>2</b>	FILER NAME Friends of Dr. Greg Bonnen	<b>3</b>	Filer ID (Ethics Commission Filers) 00067893
<b>4</b>	Date 12/04/2024	<b>5</b>	Payee name Move and Care		
<b>6</b>	Amount (\$) \$589.69	<b>7</b>	Payee address; City; State; Zip Code 5453 Burnet Rd #134,  Austin, TX 78756		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Moving company for State Representative Dr. Greg Bonnen's Austin Apartment		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/26/2024		Payee name Olive Garden		
	Amount (\$) \$51.26		Payee address; City; State; Zip Code 162 N Bypass 35  Alvin, TX 77511		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kidz Harbor Meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/11/2024		Payee name Operation Honor Our Local Veterans, Inc.		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code 1804 FM 646 , Ste D  Dickinson, TX 77539		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Non profit Veterans program		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 49/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/02/2024	<b>5</b> Payee name Pearl Harbor Dinner	
<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address; City; State; Zip Code 3920 Gulf Freeway  Dickinson, TX 77539	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Picard, Fay	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2885 Diamond Bay Dr  Dickinson, TX 77539	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense July Pay
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name Picard, Fay	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2885 Diamond Bay Dr  Dickinson, TX 77539	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense August Pay
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 50/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 09/27/2024	<b>5</b> Payee name Picard, Fay
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<b>6</b> Amount (\$) \$1,200.00	<b>7</b> Payee address; City; State; Zip Code 2885 Diamond Bay Dr  Dickinson, TX 77539
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense September pay
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/29/2024	Payee name Picard, Fay
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Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2885 Diamond Bay Dr  Dickinson, TX 77539
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October Pay
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2024	Payee name Picard, Fay
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Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2885 Diamond Bay Dr  Dickinson, TX 77539
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 51/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 12/16/2024	<b>5</b> Payee name Rudy's BBQ	
<b>6</b> Amount (\$) \$68.38	<b>7</b> Payee address; City; State; Zip Code 21361 Gulf Freeway,  Webster, TX 77598	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Dinner expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name SANTA FE CHAMBER OF COMMERCE	
Amount (\$) \$20.80	Payee address; City; State; Zip Code 12408 Texas 6  SANTA FE, TX 77510	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name SANTA FE CHAMBER OF COMMERCE	
Amount (\$) \$208.00	Payee address; City; State; Zip Code 12408 Texas 6  SANTA FE, TX 77510	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber membership fees for Representative Dr. Greg Bonnen
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 52/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 07/05/2024	<b>5</b> Payee name Saltgrass Steakhouse	
<b>6</b> Amount (\$) \$81.24	<b>7</b> Payee address; City; State; Zip Code 20241 Gulf Freeway  Webster, TX 77598	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name Saltgrass Steakhouse	
Amount (\$) \$112.67	Payee address; City; State; Zip Code 20241 Gulf Freeway  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name Saltgrass Steakhouse	
Amount (\$) \$192.96	Payee address; City; State; Zip Code 20241 Gulf Freeway  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign lunch expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 53/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 08/20/2024	<b>5</b> Payee name Santa Fe Texas Education Foundation	
<b>6</b> Amount (\$) \$260.00	<b>7</b> Payee address; City; State; Zip Code 13304 Hwy 6  Santa Fe, TX 77510	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Clay Shoot Sponsorship Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/04/2024	Payee name Saylor, Al	
Amount (\$) \$599.86	Payee address; City; State; Zip Code 2110 Butler Dr  Friendswood, TX 77546	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Reimbursement for Out of District travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/24/2024	Payee name Smith, Algie	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1021 Azalea Pointe  League City, TX 77573	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magnet signs for Parade car
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 54/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/15/2024	<b>5</b> Payee name Staples	
<b>6</b> Amount (\$) \$45.45	<b>7</b> Payee address; City; State; Zip Code 19335 Gulf Freeway  Webster, TX 77598	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Starbucks	
Amount (\$) \$15.10	Payee address; City; State; Zip Code 2560 League City Parkway  League City, TX 77573	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee meeting w/ chamber
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2024	Payee name State Preservation Board	
Amount (\$) \$411.35	Payee address; City; State; Zip Code 201 E 14th St, #950  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auction Items
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 55/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 08/26/2024	<b>5</b> Payee name TDCJ Manufacturing and Logistics	
<b>6</b> Amount (\$) \$1,029.46	<b>7</b> Payee address; City; State; Zip Code P.O. Box 4013  Huntsville, TX 77342	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constitutional Chairs, Rocking Chair and horse
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/09/2024	Payee name TDCJ Manufacturing and Logistics	
Amount (\$) \$771.83	Payee address; City; State; Zip Code P.O. Box 4013  Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constitutional Chairs for galas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/30/2024	Payee name TDCJ Manufacturing and Logistics	
Amount (\$) \$883.32	Payee address; City; State; Zip Code P.O. Box 4013  Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constitutional chairs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 56/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 10/25/2024	<b>5</b> Payee name TDCJ Manufacturing and Logistics	
<b>6</b> Amount (\$) \$1,324.98	<b>7</b> Payee address; City; State; Zip Code P.O. Box 4013  Huntsville, TX 77342	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Constitutional chairs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name Texans for Medical Freedom	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 621 Six Flags Drive,  Arlington, TX 76011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Annual gala
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Texas Chili Parlor	
Amount (\$) \$15.22	Payee address; City; State; Zip Code 1409 Lavaca St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lunch -Travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 57/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 07/02/2024	<b>5</b> Payee name Texas City LaMarque Chamber of Commerce
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<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code 9702 Emmett F Lowery Parkway  Texas City, TX 77591
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/21/2024	Payee name Texas City LaMarque Chamber of Commerce
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Amount (\$) \$30.00	Payee address; City; State; Zip Code 9702 Emmett F Lowery Parkway  Texas City, TX 77591
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/21/2024	Payee name Texas City LaMarque Chamber of Commerce
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 9702 Emmett F Lowery Parkway  Texas City, TX 77591
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign luncheon expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 58/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 12/24/2024	<b>5</b> Payee name Texas City LaMarque Chamber of Commerce
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<b>6</b> Amount (\$) \$245.00	<b>7</b> Payee address; City; State; Zip Code 9702 Emmett F Lowery Parkway  Texas City, TX 77591
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees for State Representative Dr. Greg Bonnen
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/19/2024	Payee name Texas House of Representatives
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Amount (\$) \$231.22	Payee address; City; State; Zip Code P.O. Box 2910  Austin, TX 78768
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flags
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name Texas House of Representatives
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Amount (\$) \$231.22	Payee address; City; State; Zip Code P.O. Box 2910  Austin, TX 78768
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Texas Capital Flags
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 59/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
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<b>4</b> Date 08/23/2024	<b>5</b> Payee name Texas Young Republicans
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 2604 Bright Rock Lane  Conroe, TX 77304
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Texas Young Republicans
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/26/2024	Payee name The Soup Peddler
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Amount (\$) \$129.96	Payee address; City; State; Zip Code 2801 S Lamar Blvd  Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff luncheon
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2024	Payee name The UPS Store
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Amount (\$) \$30.60	Payee address; City; State; Zip Code 2323 Clear Lake City Blvd  Houston, TX 77062
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for package mailed
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 60/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/12/2024	<b>5</b> Payee name Tiff's Treats	
<b>6</b> Amount (\$) \$54.96	<b>7</b> Payee address; City; State; Zip Code 1806 Nueces St,  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Capital Staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name United States Post Office	
Amount (\$) \$216.00	Payee address; City; State; Zip Code 310 Morningside Dr.  Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Post Office Box Rental fee for Representative Greg Bonnen
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Water Oak Cafe	
Amount (\$) \$34.52	Payee address; City; State; Zip Code 19325 Gulf Fwy #110  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff luncheon meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 61/61 Rpt:	<b>2</b> FILER NAME Friends of Dr. Greg Bonnen	<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 11/29/2024	<b>5</b> Payee name Wreaths Across America	
<b>6</b> Amount (\$) \$207.00	<b>7</b> Payee address; City; State; Zip Code 4 Point Street  Columbia Falls, ME 04623	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wreath Donation for Veterans Headstones
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 109/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
08/03/2024	David Mayes Middleton campaign Account	\$408.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code	
	Galveston, TX 77553	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
	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	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
	Constitutional Chair Reimbursement	
Date	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	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
	Rocking chair reimbursement	
Date	Name of person from whom amount is received	Amount (\$)
07/31/2024	Third Coast Bank	\$5,348.11
	Address of person from whom amount is received; City; State; Zip Code	
	Humble, TX 77347	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
	Interest on Money Market Account	
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	
	Humble, TX 77347	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
	Interest Paid on Money Market Account	

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 110/110
<b>2</b> FILER NAME Friends of Dr. Greg Bonnen		<b>3</b> Filer ID (Ethics Commission Filers) 00067893
<b>4</b> Date 09/30/2024	<b>5</b> Name of person from whom amount is received Third Coast Bank <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Humble, TX 77347	<b>8</b> Amount (\$) \$4,582.09
<b>7</b> Purpose for which amount is received Interest Paid on Money Market account <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/31/2024	Name of person from whom amount is received Third Coast Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Humble, TX 77347	Amount (\$) \$4,904.79
Purpose for which amount is received Interest earned on Money Market Account <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/01/2024	Name of person from whom amount is received Third Coast Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Humble, TX 77347	Amount (\$) \$4,828.03
Purpose for which amount is received Interest Deposit /earned on Money Market account <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/31/2024	Name of person from whom amount is received Third Coast Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Humble, TX 77347	Amount (\$) \$4,596.98
Purpose for which amount is received Interest Deposit on Money Market Account <input type="checkbox"/> Check if political contribution returned to filer		