CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

F	ORM	C/O	Η
COVER S	SHEE	T PG	1

The	C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00080128	,	2 Total pages	filed: 46
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
	OFFICEHOLDER NAME	The Honorable	Ernest J.		Date Received		
						ELECTRONIC	CALLY FILED
		NICKNAME	LAST		SUFFIX	01/15/2025	
		NICRNAME	Bailes		IV	0_/_0/_0_0	
	CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
	OFFICEHOLDER MAILING ADDRESS	P.O. Box 1232				Receipt #	Amount
	Change of Address	Shepherd, TX 77371				Date Processed	
						Date Imaged	
	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER NAME	Mr.	Ernest J.				
		 NICKNAME	LAST		SUFFIX		
			Bailes		IV		
6	CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	r / SUITE #; CITY;	S	TATE; ZIP CODE
	TREASURER ADDRESS	1020 Bailes Dairy Rd.					
	(Residence or Business)	Shepherd, TX 77371					
	CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
	TREASURER PHONE	(936) 628-6280					
	REPORT TYPE	X January 15	30th day befor		Runoff	1 15th day after (campaign treasurer
		X January 15	Sour day below		Kulloli		fficeholder only)
		July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
	PERIOD	Month Day Year			Month Day	Year	
	COVERED	07/01/2024	TI	HROUGH	12/31/2024	1	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year		Primary	Runoff	Other	
		11/08/2022		General	Special		
				Jeneral			
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		State Representative Pla Jacinto	ace Shepherd Di	strict 18 San	State Representa	ative Place She	epherd District 18
			GO ⁻	TO PAGE 2			
Fori	ms provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	S	Ver	sion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 46

13 C / OH NAME	Bailes IV, Ernest J.(The Honorable)	14 Filer ID (00080128	Ethics Commi	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's know	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	55		
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	517.83
	4. TOTAL POLITIC	AL EXPENDITURES		\$	50,544.05
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	46,671.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Honora	able Ernest J. Bailes	IV	
		Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering	oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4 1	.0.48da51f7

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 46 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Bailes IV, Ernest J. (The Honorable) 00080128 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 50,544.05 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printin		oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/43 Rpt: 4/46		Bailes IV, Ernest J. (The Honorable)				00080128
4	Date	5	Payee name				
	07/22/2024		Amazon Marketplace				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$30.30		PO Box 81226				
			Seattle, WA 98108				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.
							, officeholder living expense
					Office supply	ex	pense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office soug	ht		Office held
	Date		Payee name				
	07/22/2024		Amazon Marketplace				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$10.81		PO Box 81226				
			Seattle, WA 98108				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Office supplie		
	Complete ONLY if direct	C	andidate/Officeholder name C)ffice sou	ht		Office held
	expenditure to benefit C/OF	Н					
	Date		Payee name				
	08/12/2024		Amazon Marketplace				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$243.32		PO Box 81226				
			Seattle, WA 98108				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.
							, officeholder living expense
					Office supply	eχ	pense
	Complete ONLY if direct		andidate/Officeholder name C	Office soug	ht		Office held
	expenditure to benefit C/OF			mice soul	pric		
-							

		EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 2/43 Rpt: 5/46	Bailes IV, Ernest J. (The Honorable)	00080128			
4	Date	Payee name				
	10/28/2024	Amazon Marketplace				
6	Amount (\$) \$41.22	Payee address; City; State; Zip Code PO Box 81226				
		Seattle, WA 98108				
8	PURPOSE OF	 a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel of Check if travel of Ch	utside of Texas. Complete Schedule T.			
	EXPENDITURE		TX, officeholder living expense expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/28/2024	Amazon Marketplace				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$69.18	PO Box 81226				
		Seattle, WA 98108				
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule Texas				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/30/2024	Amazon Marketplace				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$674.28	PO Box 81226				
		Seattle, WA 98108				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
1	Sch: 3/43 Rpt: 6/46	Bailes IV, Ernest J. (The Honorable)	00080128						
4	Date 08/24/2024	5 Payee name Bailes IV, Ernest							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
Ū	\$438.47	\$438.47 195 Rock House Road Shepherd, TX 77371							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
U	OF EXPENDITURE Image: Second priority (see Categories instead at the top of this schedule) Travel In District Image: Second priority (see Categories instead at the top of this schedule) Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Travel in district - Dates: 04/23/24-08/24/24								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/26/2024	Bailes IV, Ernest							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4,022.31	195 Rock House Road							
		Shepherd, TX 77371							
	PURPOSE OF EXPENDITURE	Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense district reimbursement for dates: 24/24						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/25/2024	Berger, Johnny							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5,000.00	PO Box 1459							
		Coldspring, TX 77331							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense em Reimbursement						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGORIES	s for i	3OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loa Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir	an Repayr fice Overh Illing Exper Inting Expe Iaries/Wag	nent/Reimbursement ead/Rental Expense nse nse jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/43 Rpt: 7/46		Bailes IV, Ernest J. (The Honorable)				00080128
4	Date 09/26/2024	5	Payee name Capitol Gift Shop				
6	Amount (\$) \$99.03		Payee address; City; State; Zij 1400 Congress Ave E1.006 Austin, TX 78701	ip Code	2		
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Image: Check if Awards/Memorials Expense Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Gift expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office	e sough	t		Office held
	Date		Payee name				
	12/13/2024		Capitol Gift Shop				
	Amount (\$) \$959.10		Payee address; City; State; Zij 1400 Congress Ave E1.006 Austin, TX 78701	ip Code	2		
	PURPOSE OF EXPENDITURE	<u> </u>	Category (See Categories listed at the top of this schedule, Gift/Awards/Memorials Expense	_{e)} (k			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sough	t		Office held
	Date		Payee name				
	09/09/2024		Cavalry Court				
	Amount (\$) \$314.23		Payee address; City; State; Zij 200 Century Court	ip Code	3		
			College Station , TX 77840				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Travel Out of District	_{e)} (t	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense trict lodging expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office	e sough	it		Office held

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex mittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor	Transp Travel i Travel (Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				•	3 Filer I	D	(Ethics Commission Filers)	
-	Sch: 5/43 Rpt: 8/46		Bailes IV, Ernest J. (The Hon	orable)			0008			
4	Date	5	Payee name							
	09/09/2024		Cavalry Court							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Cod	е				
	\$20.68		200 Century Court							
			College Station , TX 77840							
8	PURPOSE	(a)	Category (See Categories listed at the	on of this och	(aluba	b) Description				
-	OF		Food/Beverage Expense	op of this sen	iedule)		outside of Tex	xas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austir	n, TX, officeho	lder living	expense	
						Campaign m	eal to dis	cuss o	fficeholder issues	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht	0	office he	eld	
	Date		Payee name							
	08/01/2024		Central Market							
	Amount (\$)		Payee address; City;	State:	; Zip Cod	e				
	\$78.97		4001 North Lamar Blvd.							
			Austin, TX 78756							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	top of this sch	nedule)	b) Description	n, TX, officeho	lder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice soug	ht	0	ffice he	eld	
⊨	Date		Pavee name							
	07/15/2024		Cleveland Rotary							
	Amount (\$)		Payee address; City;	State	; Zip Cod	٩				
	\$34.00		1006 S. Washington	Oluie,	, 210 000	0				
			Cleveland, TX 77327							
	PURPOSE	(a)	Category (See Categories listed at the	op of this sch	nedule)	b) Description				
	OF EXPENDITURE		Contributions/Donations Made						plete Schedule T.	
			Candidate/Officeholder/Politic	al Comm	nittee	Check if Austir Rotary donat		lder living	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht	0	office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)							
	Sch: 6/43 Rpt: 9/46	Bailes IV, Ernest J. (The Honorable)	00080128							
4	Date 09/11/2024	5 Payee name Cleveland Rotary								
_		7 Payee address; City; State; Zip Code								
6	Amount (\$) \$62.00	1006 S. Washington								
		Cleveland, TX 77327								
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rotary donation 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/22/2024	Cleveland Rotary								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$504.00	1006 S. Washington Cleveland, TX 77327								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense N							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/01/2024	Cotten, Melanie								
	Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 66								
		Thicket, TX 77374								
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. "X, officeholder living expense S							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

				EXPEND	TURE CATEGO	ORIES FOF	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			egal Services	Expense norials Expense On Guide explain	Office Ove Polling Exp Printing Exp Salaries/W	rhead bense pens ages	e s/Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Re	lated Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Cor	nmission Filers)
-	Sch: 7/43 Rpt: 10/46			nest J. (Tł	ne Honorable)					00080128	(2000 000	
4	Date	5	Payee name									
	08/01/2024		Cotten, Mela	nie								
6	Amount (\$)	7	Payee address	; City;	Stat	te; Zip Co	de					
	\$875.00		PO Box 66									
			Thicket, TX 7	7074								
_												
8	PURPOSE OF	(a)			ed at the top of this s	chedule)	(b)	Description				-
	EXPENDITURE		Salaries/Wag	jes/Contra	ct Labor					de of Texas. Com officeholder living		Т.
								Contract wag		onicentituer inving	ехрепзе	
								Contract Way	100			
_	Complete ONILV if direct		andidate (Office			Office cour	~ la #			Office he		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	enolder han	le	Office sou	ynt			Office he	eiu	
	Date		Payee name									
	07/01/2024		Cotten, Mela	nie								
	Amount (\$)		Payee address	; City;	Stat	te; Zip Co	de					
	\$875.00		PO Box 66	.,,,								
	\$015.00											
			Thicket, TX 7	7374								
	PURPOSE	(a)	Category (See	Categories list	ed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wag	jes/Contra	ct Labor					de of Texas. Com		т.
										officeholder living	expense	
								Wage Expen	se			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	eholder nan	ne	Office sou	ght			Office he	eld	
	Date		Payee name									
	11/01/2024		Cotten, Mela	nie								
	Amount (\$)		Payee address	; City;	Stat	te; Zip Co	de					
	\$200.00		PO Box 66									
			Thisket TV 7	2024								
			Thicket, TX 7	/3/4								
	PURPOSE OF				ed at the top of this s	chedule)	(b)	Description				_
	EXPENDITURE		Salaries/Wag	jes/Contra	ct Labor					de of Texas. Com		Т.
								Campaign wa		officeholder living	expense	
								Campaign Wa	aye	3		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	eholder nan	ne	Office sou	ght			Office he	eld	
		· ·										

			EXPENDITURE CATEGO	ORIES F	OR B	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain	Office (Polling Printing Salarie	Overhea Expens Expens S/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · · ·				3	Filer ID (Ethics Commission Filers)		
1	Sch: 8/43 Rpt: 11/46	2	Bailes IV, Ernest J. (The Honorable)				3	00080128		
4	Date	5	Payee name							
	10/01/2024		Cotten, Melanie							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip (Code					
	\$200.00		PO Box 66							
			Thicket, TX 77374							
8	PURPOSE	(a)			(b)	Description				
ľ	OF	("	Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	chedule)	(3)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Galaries, Wages, Contract Labor			Check if Austin	, TX,	officeholder living expense		
						Campaign wa	age	S		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ought			Office held		
	Date		Payee name							
	09/01/2024		Cotten, Melanie							
	Amount (\$)		Payee address; City; Stat	e; Zip (Code					
	\$200.00		PO Box 66	- / 1-						
	+_00.00									
			Thicket, TX 77374							
	PURPOSE OF EXPENDITURE	(a)					, тх,	outside of Texas. Complete Schedule T. TX, officeholder living expense AGES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	bught			Office held		
	Date		Payee name							
	08/05/2024		County Seat Self Storage							
	Amount (\$)		Payee address; City; Stat	e; Zip (Code					
	\$90.00		1660 TX-150	-, -,-						
	+++++++++++++++++++++++++++++++++++++++									
			Coldspring, TX 77331							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						บเรเทต รเขาสุ	ye r	rental expense		
	0			017	Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought			Office held		

			EXPENDITURE CATEGORIES	S FOR	3OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri mittee Legal Services Sa	office Overh olling Expe rinting Expe alaries/Wag	ense jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	Tatal warma Oak adula E4		The Instruction Guide explains how		biete this form.				
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)		
	Sch: 9/43 Rpt: 12/46		Bailes IV, Ernest J. (The Honorable)				00080128		
4	Date 07/11/2024	5	Payee name County Seat Self Storage						
6	Amount (\$)	7	Payee address; City; State; Z	Zip Code	9				
-	\$80.00		1660 TX-150	F					
			Coldspring, TX 77331						
_					-				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	le) (I	Description	outoi	de ef Teuros, Complete Schedule T		
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. , officeholder living expense		
					District Stora				
						0			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Offic	ce sough	nt		Office held		
	Date		Payee name						
	09/05/2024		County Seat Self Storage						
	Amount (\$)		Payee address; City; State; Z	Zin Code	2				
	\$90.00		1660 TX-150		-				
	\$90.00		1000 1X-150						
			Coldspring, TX 77331						
	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District storage expense 						
	Complete ONLY if direct		Candidate/Officeholder name Offic	ce sough	sought Office held				
	expenditure to benefit C/OI	H							
	Date		Payee name						
	10/07/2024		County Seat Self Storage						
	Amount (\$)		Payee address; City; State; Z	Zip Code	2				
	\$90.00		1660 TX-150	F					
	+00.00								
			Coldspring, TX 77331						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	le) (I	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
					District stora	ye e	expense		
	_								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce sough	it		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F nmittee Legal Services S	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · ·			3	Filer ID (Ethics Commission Filers)
1	Sch: 10/43 Rpt: 13/46	2	Bailes IV, Ernest J. (The Honorable)			3	00080128
4	Date	5	Payee name				
	11/05/2024		County Seat Self Storage				
6	Amount (\$) \$90.00	7	Payee address; City; State; 2 1660 TX-150	Zip Coc	е		
			Coldspring, TX 77331				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense	,			de of Texas. Complete Schedule T.
							officeholder living expense
		District storage expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Offi	fice soug	ht		Office held
	Date		Payee name				
	12/05/2024		County Seat Self Storage				
				Zip Coo	0		
	Amount (\$)			Zip Cut	e		
	\$90.00		1660 TX-150				
			Coldspring, TX 77331				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense	,	Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE						officeholder living expense
					District stora	ge e	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Offi	fice soug	ht		Office held
	Date		Payee name				
	07/31/2024		Days Inn				
	Amount (\$)		-	Zip Coc	9		
	\$167.61		3017 TX-306 Loop		C		
	Φ107.01		3017 TX-300 E00p				
			San Angelo , TX 76904				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	b) Description		
	OF EXPENDITURE		Travel Out of District		Check if travel	outsi	de of Texas. Complete Schedule T.
							officeholder living expense
					Travel out of	dis	trict lodging expense
		Ĺ	andidate/Office helder a second	line c -:	L 4		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice soug	nı		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	
	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
-	Sch: 11/43 Rpt: 14/46	Bailes IV, Ernest J. (The Honorable)	00080128
4	Date	Payee name	•
	09/20/2024	Dayton Chamber of Commerce	
6	Amount (\$)	' Payee address; City; State; Zip Code	
	\$20.00	801 S. Cleveland Street	
		Suite B	
		Dayton, TX 77535	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		ivel outside of Texas. Complete Schedule T.
			Istin, TX, officeholder living expense
		Chamber	Jonation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/07/2024	Dayton Chamber of Commerce	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	801 S. Cleveland Street	
	\$20.00		
		Suite B	
		Dayton, TX 77535	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		vel outside of Texas. Complete Schedule T.
			Istin, TX, officeholder living expense
		Chamber	donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
⊨			
	Date	Payee name	
	08/05/2024	Dayton Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	801 S. Cleveland Street	
		Suite B	
		Dayton, TX 77535	
⊢	DUDDOOF		
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	ivel outside of Texas. Complete Schedule T.
	EXPENDITURE		istin, TX, officeholder living expense
		Chamber of Chamber	
		Situmber	
⊢	Complete ONIL V Stalling of	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
L			

				TEOOD					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	se	Loan Repayr Office Overh Polling Exper Printing Exper Salaries/Wag	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis	
	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
ľ	Sch: 12/43 Rpt: 15/46		Bailes IV, Ernest J. (The Honora	able)				00080128	
4	Date	5	Payee name						
-	07/16/2024		Dayton Chamber of Commerce						
6	Amount (\$)	7	Payee address; City;	State;	Zip Code	9			
	\$40.00		801 S. Cleveland Street						
			Suite B						
			Dayton, TX 77535						
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sched	dule) (k	 Description 			
	OF EXPENDITURE		Contributions/Donations Made E	,					nplete Schedule T.
			Candidate/Officeholder/Political	Commit	ttee			, officeholder living	g expense
						Chamber Do	nai	ion	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Of	ffice sough	ht		Office h	eld
	Date		Payee name						
	08/07/2024		Dayton Chamber of Commerce						
⊢	Amount (\$)		Payee address; City;	State [.]	Zip Code	2			
	\$90.00		801 S. Cleveland Street	Olule,	210 0000				
	φ90.00								
			Suite B						
			Dayton, TX 77535						
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sched	dule) (k) Description			
	OF EXPENDITURE		Contributions/Donations Made E			Check if travel	outs	ide of Texas. Com	plete Schedule T.
			Candidate/Officeholder/Political	Commit	ttee			, officeholder living	g expense
						Chamber Do	nat	ion	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Of	ffice sough	it		Office h	eld
	Date		Payee name						
	09/12/2024		Dayton Chamber of Commerce						
	Amount (\$)		Payee address; City;	State;	Zip Code	9			
	\$585.00		801 S. Cleveland Street						
			Suite B						
			Dayton, TX 77535						
			-						
	PURPOSE OF		Category (See Categories listed at the top of		dule) (k	Description		ide of Table C	underte Och e dude T
	EXPENDITURE		Contributions/Donations Made E						plete Schedule T.
			Candidate/Officeholder/Political	Commit	ttee			, officeholder living	j expense
						Chamber do	ıdl		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Of	ffice sough	nt		Office h	eld

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee Gift/Awa	verage Expense rds/Memorials Expense	Offic Pollir Printi Salar	e Overhei ng Expens ing Exper ries/Wage	ise s/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2 F		-				3	Filer ID	(Ethics Commission Filers)
-	Sch: 13/43 Rpt: 16/46		ailes IV, Ernest	J. (The Honorat	ole)			-	00080128	(
4	Date 10/09/2024		ayee name rivers Note							
6	Amount (\$) \$1.19	1	ayee address; 885 Mission Stre an Francisco, C.	et	State; Zip	Code				
8	PURPOSE OF EXPENDITURE		ategory _{(See Categ} ees	ories listed at the top of t	his schedule)	(b)		, TX, c	e of Texas. Comp officeholder living bscription e	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	er name	Office	sought			Office he	eld
	Date	P	ayee name							
	10/09/2024	D	rivers Note							
	Amount (\$)	P	ayee address;	City;	State; Zip	Code				
	\$132.00		885 Mission Stre an Francisco, C							
	PURPOSE OF EXPENDITURE		ategory _{(See Categ} office Overhead/I		his schedule)	(b)		, TX, c	e of Texas. Comp officeholder living XPENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	er name	Office	sought			Office he	ld
	Date	Р	ayee name							
	08/30/2024		vo-Viole							
	Amount (\$) \$121.75		ayee address; 34 West 2nd St	City;	State; Zip	Code				
		А	ustin, TX 78701							
	PURPOSE OF EXPENDITURE		ategory _{(See Categ} ood/Beverage E		his schedule)	(b)	Check if Austin	, TX, c	officeholder living	olete Schedule T. expense fficeholder issues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	er name	Office	sought			Office he	łd

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transport Food/Beverage Expense Polling Expense Travel i By - Gift/Awards/Memorials Expense Printing Expense Travel i	ion/Fundraising Expense prtation Equipment & Related Expense n District Jut of District (enter a category not listed above)			
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer I) (Ethics Commission Filers)			
	Sch: 14/43 Rpt: 17/46					
4	Date 10/02/2024	5 Payee name Exxon Mobile Shepherd				
6	Amount (\$) \$49.75	7 Payee address; City; State; Zip Code 5101 Hwy 59 N Shepherd, TX 77371				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Tex Check if Austin, TX, officeho Travel in district experi	der living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice held			
	Date	Payee name				
	07/15/2024	Forever Foundation for Texas Wildlife				
	Amount (\$) \$425.00	Payee address; City; State; Zip Code 6644 Fm 1102				
		New Braunfels, TX 78132-3478				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ffice held			
	Date	Payee name				
	09/24/2024	Go Fund Me				
	Amount (\$) \$510.00	Payee address; City; State; Zip Code 855 Jefferson Avenue P.O. Box 1329				
		Redwood City, CA 94063				
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Tex Check if Austin, TX, officehol Go Fund Me Donation 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	0	ffice held			

			EXPENDITURE CATEG	ORIES FOR	R BC	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 15/43 Rpt: 18/46		Bailes IV, Ernest J. (The Honorable))				00080128
4	Date	5	Payee name					
	10/21/2024		GoDaddy					
6	Amount (\$)	I		ite; Zip Co	ode			
	\$126.83	I	14455 N. Hayden Road					
			Suite 219					
			Scottsdale, AZ 85260					
8	PURPOSE OF		Category (See Categories listed at the top of this s	schedule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						Website expe		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	09/09/2024		Google Services					
	Amount (\$)		Payee address; City; Sta	ite; Zip Co	ode			
	\$10.65	:	35018 Avenue D					
			Yucaipa, CA 92399					
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description		
	EXPENDITURE	'	Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						Office subscr	ipti	on expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	08/13/2024		Google Services					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode			
	\$30.90	:	35018 Avenue D					
		,	Yucaipa, CA 92399					
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense
								nt wifi expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ight			Office held
-								

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
T	Sch: 16/43 Rpt: 19/46	Bailes IV, Ernest J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080128
4	Date	Payee name	
	07/11/2024	Google Services	
6	Amount (\$) \$10.65	 Payee address; City; State; Zip Code 35018 Avenue D Yucaipa, CA 92399 	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense IS Expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/15/2024	Google Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.90	35018 Avenue D Yucaipa, CA 92399	
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense tment wifi expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/09/2024	Google Services	
	Amount (\$) \$10.65	Payee address; City; State; Zip Code 35018 Avenue D	
		Yucaipa, CA 92399	
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense • expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGORIES	S FOR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Pri	fice Overhea olling Expens inting Expen alaries/Wage	se s/Contract Labor		Solicitation/Fundraising E Transportation Equipmer Travel in District Travel Out of District OTHER (enter a categor	t & Related Expense
1	Total pages Schedule F1:	2	· · · · · ·			3	Filer ID (Ethic	cs Commission Filers)
1	Sch: 17/43 Rpt: 20/46		Bailes IV, Ernest J. (The Honorable)				00080128	
4	Date	5	Payee name					
	08/19/2024		Google Services					
6	Amount (\$) \$30.90		Payee address; City; State; Zi 35018 Avenue D Yucaipa, CA 92399	ip Code				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	_{e)} (b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense	-,	Check if travel of Check if Austin	, TX,	le of Texas. Complete Sc officeholder living expens It wifi expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offic	e sought			Office held	
	Date		Payee name					
	09/13/2024		Google Services					
	Amount (\$)		Payee address; City; State; Zi	ip Code				
	\$30.90		35018 Avenue D Yucaipa, CA 92399					
	PURPOSE			(b)	Description			
	OF EXPENDITURE		Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	_{e)} (b)	Check if Austin,	, TX,	le of Texas. Complete Sc officeholder living expens It wifi expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	e sought			Office held	
	Date		Payee name					
	10/09/2024		Google Services					
	Amount (\$) \$10.65		Payee address; City; State; Zi 35018 Avenue D	ip Code				
			Yucaipa, CA 92399					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	e) (b)		, TX,	le of Texas. Complete Sc officeholder living expens ENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offic	ce sought			Office held	

			EXPENDITURE	CATEGORI	ES FOR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense F	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Travel in District Travel Out of Dist	uipment & Related Expense
_			The Instruction Guid	e explains no	ow to compl	ete this form.		
1							3 Filer ID	(Ethics Commission Filers)
	Sch: 18/43 Rpt: 21/46	Bailes IV	, Ernest J. (The Hon	norable)			00080128	
4	Date	Payee na	me					
	10/15/2024	Google S	Services					
6	Amount (\$) \$30.90	⁷ Payee ad 35018 A Yucaipa.		State;	Zip Code			
•	DUDDOSE	-			(b)	Description		
8	PURPOSE OF EXPENDITURE		(See Categories listed at the l verhead/Rental Expe		ule) (D)	Check if Austin,	outside of Texas. Comp , TX, officeholder living ment wifi expen:	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Off	ice sought		Office he	ld
	Date	Payee na	me					
	11/12/2024	Google S	Services					
	Amount (\$)	Payee ad	dress; City;	State;	Zip Code			
	\$10.65	35018 A Yucaipa,	venue D CA 92399					
	PURPOSE OF EXPENDITURE		(See Categories listed at the t verhead/Rental Expe		_{ule)} (b)	Check if Austin,	outside of Texas. Comp , TX, officeholder living iption expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Off	ice sought		Office he	ld
	Date	Payee na	me					
	11/13/2024	Google S	Services					
	Amount (\$) \$30.93	Payee ad 35018 A		State;	Zip Code			
		Yucaipa,	CA 92399					
	PURPOSE OF EXPENDITURE		(See Categories listed at the I verhead/Rental Expe		_{ule)} (b)	Check if Austin,	outside of Texas. Comp , TX, officeholder living ment wifi expen:	expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Off	ice sought		Office he	ld

			EXPENDITURE CATEGORIE	ES FOR E	3OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)
1	Sch: 19/43 Rpt: 22/46		Bailes IV, Ernest J. (The Honorable)			3	00080128
4	Date 12/09/2024		Payee name Google Services				
_			-	<u></u>			
6	Amount (\$) \$10.65		Payee address; City; State; 2 35018 Avenue D Yucaipa, CA 92399	Zip Code			
8	PURPOSE	(2)	Cotogon		Decoription		
0	OF		Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ile) (u		, тх,	de of Texas. Complete Schedule T. officeholder living expense ON expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offi	ice sough	t		Office held
	Date		Payee name				
	12/13/2024		Google Services				
	Amount (\$)		Payee address; City; State; Z	Zip Code	•		
	\$30.93		35018 Avenue D Yucaipa, CA 92399				
	DUDDOCE		•	10) –		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule) (B	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense nt wifi expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice sough	t		Office held
	Date		Payee name				
	09/20/2024		Greater Cleveland Chamber of Commerc	ce			
	Amount (\$)		Payee address; City; State; Z	Zip Code	•		
	\$17.00		102 Ste 104, Hilltop Square				
			Cleveland, TX 77327				
	PURPOSE		Category (See Categories listed at the top of this schedu	ule) (b	Description	_	
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committe	ee		, тх,	de of Texas. Complete Schedule T. officeholder living expense ON
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Offi	ice sough	t		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)
	Sch: 20/43 Rpt: 23/46	Bailes IV, Ernest J. (The Honorable)	00080128
4	Date 09/05/2024	5 Payee name Greater Cleveland Chamber of Commerce	
6	Amount (\$) \$17.00	 Payee address; City; State; Zip Code 102 Ste 104, Hilltop Square Cleveland, TX 77327 	
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense İON
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/19/2024	Greater Cleveland Chamber of Commerce	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.00	102 Ste 104, Hilltop Square Cleveland, TX 77327	
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense tion
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/05/2024	Greater Cleveland Chamber of Commerce	
	Amount (\$) \$17.00	Payee address; City; State; Zip Code 102 Ste 104, Hilltop Square	
		Cleveland, TX 77327	
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense tion
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overheal/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel Out of District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 21/43 Rpt: 24/46		Bailes IV, Ernest J. (The Honorable) 00080128			
4	Date 09/20/2024		Payee name Greater Cleveland Chamber of Commerce			
6	Amount (\$) \$17.00		Payee address; City; State; Zip Code 102 Ste 104, Hilltop Square Cleveland, TX 77327			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sought Office held			
	Date		Payee name			
	11/04/2024		Greater Cleveland Chamber of Commerce			
	Amount (\$)		Payee address; City; State; Zip Code			
	\$17.00		102 Ste 104, Hilltop Square Cleveland, TX 77327			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Chamber donation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought Office held			
	Date		Payee name			
	07/16/2024		Greater East Montgomery County Chamber			
	Amount (\$) \$15.00		Payee address; City; State; Zip Code 21575 US-59 #100			
			New Caney , TX 77357			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if Austin, TX, officeholder living expense Chamber Donation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name Office sought Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 22/43 Rpt: 25/46	Bailes IV, Ernest J. (The Honorable)00080128							
4	Date 07/19/2024	5 Payee name Greater East Montgomery County Chamber							
6	Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 21575 US-59 #100 New Caney , TX 77357							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chamber Donation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	07/26/2024	Greater East Montgomery County Chamber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$30.00	21575 US-59 #100 New Caney , TX 77357							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chamber Donation 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	10/04/2024	Greater East Montgomery County Chamber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$40.00	21575 US-59 #100							
	New Caney , TX 77357								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chamber donation 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							

				EXPENDI	URE CATEGO	RIES FOR	BO	K 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	rhead/f bense pense ages/C	/Reimbursement Rental Expense Contract Labor e this form		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense	
1	Total names Calesdula F1.	1					iipieu		-		(Ethiop C	Commission Filoro)
1	Total pages Schedule F1: Sch: 23/43 Rpt: 26/46			nest J. (The	e Honorable)					Filer ID 00080128	(Ethics C	Commission Filers)
4	Date	5	Payee name									
	12/09/2024		Guest House	<u>;</u>								
6	Amount (\$) \$614.09		Payee addres 110 San Ant Austin, TX 7	onio St. Ste		; Zip Co	de					
8	PURPOSE	(a)	Category (ca	Cotogorioo lioto	d at the tap of this oak	adula)	(b) г	Description				
Ū	OF		Food/Bevera		d at the top of this sch	iedule)		Check if travel of	, TX, (le of Texas. Compofficeholder living	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	e (Office sou	ght			Office he	eld	
	Date		Payee name									
	07/25/2024		H&H Custon	n Processing	g							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$392.00		2911 FM 28 Liberty, TX 7									
	PURPOSE OF EXPENDITURE	(a)	Contribution	s/Donations	d at the top of this sch Made By Political Comm				, TX, (le of Texas. Comp officeholder living ggie donatio	expense	ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	e (Dffice sou	ght			Office he	eld	
	Date		Payee name									
	10/02/2024		Hill Country	Springs								
	Amount (\$) \$7.65		Payee addres PO Box 222	•	State	; Zip Co	de					
			Manchaca, 1	X 78652-22	220							
	PURPOSE OF EXPENDITURE	(a)	Category (See Office Overh		d at the top of this sch Expense	nedule)			, TX, (le of Texas. Comp officeholder living ater		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	e (Dffice sou	ght			Office he	eld	

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Service	e Expense emorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)	\neg
1	Sch: 24/43 Rpt: 27/46	2	Bailes IV, Ernest J. (The Honorable)				00080128	
4	Date	5	Payee name						
	07/02/2024		Hill Country Springs						
6	Amount (\$)	7	Payee address; City	; State;	Zip Coc	le			\neg
	\$8.66		PO Box 2220						
			Manchaca, TX 78652	-2220					
_	DUDDOOF	(-)				(I-) _ · · ·			\neg
8	PURPOSE OF	(a)	Category (See Categories		edule)	(b) Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Ren	lai Expense				officeholder living expense	
						Capitol office			
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder n	ame O	Office soug	ht		Office held	_
	Date		Payee name						٦
	08/02/2024		Hill Country Springs						
_	Amount (\$)		Payee address; City	: State:	Zip Coc	le			-
	\$8.66		PO Box 2220	, 01410,	p 000				
	\$0.00								
			Manchaca, TX 78652	-2220					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Food/Beverage Expe		edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense ater expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder n	ame O	Office soug	ht		Office held	
	Date		Payee name						╡
	09/04/2024		Hill Country Springs						
	Amount (\$)		Payee address; City	r State:	Zip Coc	le			\neg
	\$22.65		PO Box 2220	, 01410,	2.10 000				
	\$22100								
			Manchaca, TX 78652	-2220					
	PURPOSE		Category (See Categories		edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expe	nse				de of Texas. Complete Schedule T.	
								officeholder living expense	
						Capitol office	: wa	alei expense	
	0								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame O	Office soug	Iht		Office held	

			EXPENDITURE CATEGORIES F	OR BO	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Polling Gift/Awards/Memorials Expense Printin	Overhea g Expens ig Expens es/Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 25/43 Rpt: 28/46	E	Bailes IV, Ernest J. (The Honorable)				00080128		
4	Date 10/02/2024		Payee name Hill Country Springs						
6	Amount (\$) \$7.65	F	Payee address; City; State; Zip PO Box 2220 Manchaca, TX 78652-2220	Code					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sought			Office held		
	Date	F	Payee name						
	11/04/2024	+	Hill Country Springs						
	Amount (\$)	F	Payee address; City; State; Zip	Code					
	\$7.65	F	PO Box 2220 Manchaca, TX 78652-2220						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, TX,	le of Texas. Complete Schedule T. officeholder living expense ter expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sought			Office held		
	Date	F	Payee name						
	08/16/2024		looper, Reagan						
	Amount (\$) \$3,000.00	6 #	Payee address; City; State; Zip 5500 Champion Grandview Way £27107 Austin, TX 78750	Code					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sought			Office held		

			EXPENDITURE CATEGORIES F	OR B	OX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Overhea g Expens ig Expen es/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 26/43 Rpt: 29/46		Bailes IV, Ernest J. (The Honorable)				00080128					
4	Date 07/10/2024		Payee name Houston Chronicle									
6	Amount (\$)	7	Payee address; City; State; Zip	Code								
J	\$25.76		4747 Southwest Freeway Houston, TX 77027	Couc								
_		<u> </u>										
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense DENSE					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name Office s	sought			Office held					
	Date		Payee name									
	08/09/2024		Houston Chronicle									
	Amount (\$)		Payee address; City; State; Zip	Code								
	\$27.55		4747 Southwest Freeway Houston, TX 77027									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense Dense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name Office s	sought			Office held					
	Date		Payee name									
	09/10/2024		Houston Chronicle									
	Amount (\$) \$25.16		Payee address; City; State; Zip 4747 Southwest Freeway	Code								
			Houston, TX 77027									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense pense					
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sought			Office held					

			EXPENDITURE CATEGORIES	FOR BO	DX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print	ce Overhea ling Expense nting Expense aries/Wages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 27/43 Rpt: 30/46		Bailes IV, Ernest J. (The Honorable)				00080128					
4	Date 10/09/2024		Payee name Houston Chronicle									
6	Amount (\$) \$27.55		Payee address; City; State; Zip 4747 Southwest Freeway Houston, TX 77027	p Code								
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Subscription expense 												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sought			Office held					
	Date		Payee name									
	11/12/2024		Houston Chronicle									
	Amount (\$) \$25.16		Payee address; City; State; Zip 4747 Southwest Freeway	p Code								
	PURPOSE	<u> </u>	Houston, TX 77027	(b)	Description							
	OF		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Check if travel of	TX,	le of Texas. Complete Schedule T. officeholder living expense ON expense					
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sought			Office held					
	Date		Payee name									
	12/10/2024		Houston Chronicle									
	Amount (\$) \$25.76		Payee address; City; State; Zip 4747 Southwest Freeway	p Code								
	Houston, TX 77027											
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense) (b)		TX,	le of Texas. Complete Schedule T. officeholder living expense DN expense					
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sought			Office held					

			EXPENDIT	URE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2					12	Filer ID	(Ethics Commission Filers)
-	Sch: 28/43 Rpt: 31/46		Bailes IV, Ernest J. (The	Honorable)				00080128	
4	Date 08/23/2024		Payee name Hyatt Hill Country						
6	Amount (\$) \$636.80		Payee address; City; 9800 Hyatt Resort Dr San Antonio , TX 78251	State;	; Zip Cod	9			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed Travel Out of District	at the top of this sch	edule) (I		n, TX,	de of Texas. Comp officeholder living trict lodging 6	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	nt		Office he	ld
	Date		Payee name						
	10/15/2024		Hyatt Hill Country						
	Amount (\$)		Payee address; City;	State;	; Zip Cod	9			
	\$340.11		9800 Hyatt Resort Dr San Antonio , TX 78251						
	PURPOSE OF EXPENDITURE		Category (See Categories listed Travel Out of District	at the top of this sch	edule) (I		n, TX,	de of Texas. Comp officeholder living trict lodging 6	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	nt		Office he	ld
	Date		Payee name						
	09/16/2024		Hyatt Regency Tulsa						
	Amount (\$) \$290.13		Payee address; City; 100 East 2nd St	State;	; Zip Cod	5			
			Tulsa, OK 74103						
	PURPOSE OF EXPENDITURE		Category (See Categories listed Travel Out of District	at the top of this sch	edule) (I	Check if Austin	n, TX,	de of Texas. Comp officeholder living Out of Distric	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	nt		Office he	ld

				EXPENDITU	IRE CATEGO	RIES FOF	BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	& Related Expense
	Tatal warman Oak adula Et.				Guide explains	now to con	npie	të this ionii.		Files ID		
1	Total pages Schedule F1: Sch: 29/43 Rpt: 32/46			rnest J. (The	Honorable)				3	Filer ID 00080128	(Ethics	Commission Filers)
4	Date	5	Payee name									
	07/16/2024			Hill Country								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$1,275.75		23808 Reso	ort Pkwy								
			San Antonio	o, TX 78261								
8	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	redule)	(b)	Description				
	OF EXPENDITURE		Travel Out			,]		outsi	de of Texas. Com	plete Sche	dule T.
	EXPENDITORE									officeholder living		
								Out of district	t tra	vel hotel ex	pense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	08/20/2024		JW Marriott	Hill Country								
	Amount (\$)	┝	Payee addre	ss; City;	State	; Zip Co	de					
	\$1,398.74		23808 Reso			, 1						
	φ <u>1</u> ,000.1 4		2000011030									
			San Antonio	o, TX 78261								
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel Out	of District						de of Texas. Com		dule T.
										officeholder living		_
								Travel out of	aisi	trict loaging	expens	ie
			Devedidate (Offi							Office h		
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/OIII	ceholder name	C	Office sou	ynt			Office he	90	
	Date		Payee name									
	07/01/2024		McGee, Ka	thryn								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$2,000.00		5325 Weste	ern Hills Drive								
			Austin, TX	78731								
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description				
	EXPENDITURE	Office Overhead/Rental Expense							dule T.			
								Capitol Apart	me	ni rentai exp	Jense	
_	Complete ONLY if direct	Ļ	Candidata/Offi	ceholder name	· · · · · · · · · · · · · · · · · · ·	Office sou	-tdr			Office he	ald	
	expenditure to benefit C/OI			CONDUCT HAILE	(JIII			Unice he	Ju	
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				EXPENDIT	URE CATEGO	RIES FOF	BO	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memor Legal Services	ials Expense	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense pense 'ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	-	-			Guide explains	how to co	nple	te this form.						
1	Total pages Schedule F1:	2	FILER NAME							Filer ID	(Ethics (Commission Filers)		
	Sch: 30/43 Rpt: 33/46		Bailes IV, E	rnest J. (The	Honorable)					00080128				
4	Date	5	Payee name											
	08/01/2024		McGee, Ka	thryn										
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de							
	\$2,000.00		5325 Weste	ern Hills Drive										
			Austin, TX	78731										
8	PURPOSE						(h)	Description						
0	OF	(a)		ee Categories listed	at the top of this sch	nedule)	(D)	Description	outsid	de of Texas. Con	nplete Scheo	lule T.		
	EXPENDITURE		Onice Over		_xpense					officeholder livin				
								Capitol Apart	mei	nt rental ex	pense			
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name		Office sou	ght			Office h	eld			
	Date		Payee name											
	10/01/2024		McGee, Ka	thryn										
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de							
	\$2,000.00			ern Hills Drive		· •								
	+_,													
			Austin, TX	78731										
	PURPOSE OF	(a)			at the top of this sch	nedule)	(b)	Description						
	EXPENDITURE		Office Over	head/Rental I	Expense					de of Texas. Con officeholder livin		lule T.		
								Capitol aparti						
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	aht			Office h	eld			
	expenditure to benefit C/OI						J							
	Date	1												
	11/01/2024		Payee name McGee, Ka	thrvn										
				-	Ctata	. 710 00	ala							
	Amount (\$)		Payee addre			; Zip Co	ae							
	\$2,000.00		5325 Weste	ern Hills Drive										
			Austin, TX	78731										
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Office Over	head/Rental I	Expense					de of Texas. Con		lule T.		
								Capitol aparti		officeholder living				
								Supitor aparti		it icit expe	130			
<u> </u>	Complete ONLY if direct	Ļ	`andidate/Offi	ceholder name	(Office sou	thr			Office h	old			
	expenditure to benefit C/OI		Januiuale/UII	conorder name		500 SUU	ynt				ciu			
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				EXPENDI	URE CATEGO	RIES FOF	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage E: Gift/Awards/Memo Legal Services The Instructio		Office Ove Polling Ex Printing Ex Salaries/M	rhead pense pens (ages	se s/Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Comr	nission Filers)
1	Sch: 31/43 Rpt: 34/46			nest J. (Th	e Honorable)					00080128	(Ethics Com	
4	Date	5	Payee name									
	12/01/2024		McGee, Kat	nryn								
6	Amount (\$)	7	Payee addres	s; City;	State	e; Zip Co	de					
	\$2,000.00		5325 Weste	rn Hills Drive	e							
			Austin, TX 7	8731								
8	PURPOSE OF				d at the top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Office Overh	ead/Rental	Expense					de of Texas. Com officeholder living	plete Schedule T	
								Capitol apartr				
								expire apara		it ion onpo		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder nam	5	Office sou	ght			Office h	eld	
	Date		Payee name									
	09/01/2024		McGee, Kat	nryn								
	Amount (\$)		Payee addres	-	State	e; Zip Co	de					
	\$2,000.00		5325 Weste			o,p oo						
	\$2,000.00		0020 110010									
			Austin, TX 7	8731								
	PURPOSE OF EXPENDITURE		Category _{(Se} Office Overh		d at the top of this sc Expense	hedule)	(b)		, TX,	officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder nam	9	Office sou	ght			Office h	eld	
-	Date	1	Payee name									
	12/16/2024		Pappadeau	[
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$520.00		18165 I-45	-, -,,		-, p						
			Conroe, TX	77385								
	PURPOSE OF				d at the top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense	9				, TX,	officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder nam	9	Office sou	ght			Office h	eld	

			EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Gift/Awards/Memorials Expense Printing Expense Travel in District nmittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2		_
1	Sch: 32/43 Rpt: 35/46		Bailes IV, Ernest J. (The Honorable)00080128	
4	Date	5	Payee name	
	07/25/2024		Ring Central	
6	Amount (\$) \$81.70		Payee address; City; State; Zip Code 20 Davis Drive Belmont, CA 94002	
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		Office Overhead/Rental Expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	
	Date		Payee name	
	08/26/2024		Ring Central	
	Amount (\$)		Payee address; City; State; Zip Code	
	\$81.70		20 Davis Drive Belmont, CA 94002	
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	
	Date		Payee name	=
	09/25/2024		Ring Central	
	Amount (\$) \$81.70		Payee address; City; State; Zip Code 20 Davis Drive State; Zip Code	_
			Belmont, CA 94002	
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District office expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held	

			EXPENDITURE CATEGO	RIES FOR	8 BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			· .	now to cor	npiete this form.	1.	
1	Total pages Schedule F1:	2				3	
	Sch: 33/43 Rpt: 36/46		Bailes IV, Ernest J. (The Honorable)				00080128
4	Date	5	Payee name				
	10/25/2024		Ring Central				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$81.79		20 Davis Drive				
			Belmont, CA 94002				
8	PURPOSE	(0)			(b) Description		
ð	OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description	el outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense				K, officeholder living expense
					Office subs	cript	ion expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	11/25/2024		Ring Central				
	Amount (\$)	├	-	; Zip Co	de		
	\$81.79		20 Davis Drive	;, Zip Coi	ue		
	ФО1.79		20 Davis Drive				
			Belmont, CA 94002				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	hedule)	Check if Aus	tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense ion expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ght		Office held
-	Date		Payee name				
	12/26/2024		Ring Central				
	Amount (\$)		_	; Zip Co	de		
	\$81.79		20 Davis Drive	;, zip coi	ue		
	φο1.79		20 Davis Drive				
			Belmont, CA 94002				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				side of Texas. Complete Schedule T.
							(, officeholder living expense
					Onice subs	cript	ion expense
	_						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held

			EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District mmittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission Filer	s)			
	Sch: 34/43 Rpt: 37/46		Bailes IV, Ernest J. (The Honorable)00080128	,			
4	Date 08/16/2024		Payee name Ryan Data & Research				
6	Amount (\$) \$3,000.00		Payee address; City; State; Zip Code PO Box 202675 Austin, TX 78720				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Consulting Expense Consulting Expense Data Retainer fee, first and second installment				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held				
	Date		Payee name				
	12/02/2024		San Jacinto County Fair Assoc.				
	Amount (\$) \$4,200.00		Payee address; City; State; Zip Code PO Box 804				
			Coldspring, TX 77331				
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee				
	Complete ONLY if direct expenditure to benefit C/O	I I Candidate/Officeholder name Office sought Office held H					
	Date		Payee name				
	09/05/2024		Santa Rita				
	Amount (\$) \$39.50		Payee address;City;State; Zip Code1206 W 38th St				
			Austin, TX 78705				
	PURPOSE OF EXPENDITURE	(a)	 Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign meal to discuss officeholder issues 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held				

			EXPENDITURE CATEG	GORIES FOR	в	OX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		Solicitation/Fundraising B Transportation Equipmen Travel in District Travel Out of District OTHER (enter a categor	nt & Related Expense						
1	Total pages Schedule F1:	2	FILER NAME				3	3 Filer ID (Ethics Commission Filers)				
	Sch: 35/43 Rpt: 38/46		Bailes IV, Ernest J. (The Honorable)00080128									
4	Date 12/09/2024	5	Payee name Shutterfly									
_		<u> </u>										
6	Amount (\$) \$730.06		Payee address; City; Sta 2800 Bridge Parkway Redwood City, CA 94065	ate; Zip Co	de							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	cohodulo)	(b)	Description						
	OF EXPENDITURE		Gift/Awards/Memorials Expense	schedule)	(~)	Check if travel		le of Texas. Complete Sc officeholder living expens				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held				
	Date		Payee name									
	08/22/2024		Slack Technologies									
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	de							
	\$368.18		PO Box 207795 Dallas, TX 75320-7795									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	(b)		, TX,	de of Texas. Complete Sc officeholder living expens DN expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held				
	Date		Pavee name									
	07/30/2024		Starbucks									
	Amount (\$) \$6.44		Payee address; City; Sta 2401 Utah Avenue S	ate; Zip Co	de							
			Seattle, WA 98134									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(b)	Check if Austin	, TX,	le of Texas. Complete Sc officeholder living expens to discuss officeh	se			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held				

				EXPENDITURE		RIES FOF	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			vent Expense ees ood/Beverage Expense ift/Awards/Memorials E egal Services 'he Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	erhead pense xpens Vages	se s/Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
1	Total pages Schedule F1:	2									(Ethics	Commission Filers)
-				s IV, Ernest J. (The Honorable) 00080128								
4	Date 07/26/2024	5	Payee name Starbucks									
6	Amount (\$) \$25.00	7	Payee address 2401 Utah A Seattle, WA	venue S	State;	Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Food/Bevera	Categories listed at the ge Expense	e top of this sch	edule)	(b)		, TX,	de of Texas. Com officeholder living to discuss o	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	eholder name	C	Office sou	ight			Office he	eld	
	Date		Payee name									
	07/03/2024		Starbucks									
	Amount (\$) \$30.00		Payee address 2401 Utah Av	venue S	State;	Zip Co	ode					
			Seattle, WA	98134								
	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Food/Bevera	Categories listed at the ge Expense	e top of this sch	edule)	(b)		, TX,	de of Texas. Com officeholder living to discuss c	expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	eholder name	C	Office sou	ight			Office he	eld	
	Date		Payee name									
	07/08/2024		Starbucks									
	Amount (\$) \$10.00		Payee address 2401 Utah Av	-	State;	Zip Co	de					
			Seattle, WA	98134								
	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Food/Bevera	Categories listed at the ge Expense	e top of this sch	edule)	(b)		, TX,	de of Texas. Com officeholder living to discuss o	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ight			Office he	eld	

				EXPENDITUR	RE CATEGO	RIES FOF	BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ bense pense ages/C	Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	Equipment &	Related Expense
1	Total pages Schedule F1:	2										Commission Filers)
-	Sch: 37/43 Rpt: 40/46			les IV, Ernest J. (The Honorable) 00080128								
4	Date 07/25/2024	5	Payee name Starbucks									
6	Amount (\$) \$25.00	7	Payee addre 2401 Utah / Seattle, WA	Avenue S	State	; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at age Expense	the top of this sch	iedule)	[, TX,	le of Texas. Com officeholder living to discuss c	g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	08/02/2024		Starbucks									
	Amount (\$) \$25.00		Payee addre 2401 Utah /		State	; Zip Co	de					
			Seattle, WA	98134								
	PURPOSE OF EXPENDITURE	(a)		e Categories listed at age Expense	the top of this sch	edule)	[, TX,	de of Texas. Com officeholder living to discuss c	g expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Dffice sou	ght			Office he	eld	
	Date		Payee name									
	07/29/2024		Sweet Gree	ns								
	Amount (\$) \$58.62		Payee addres 1007 S. Co		State	; Zip Co	de					
			Austin, TX									
	PURPOSE OF EXPENDITURE			ee Categories listed at age Expense	the top of this sch	iedule)	[, TX,	le of Texas. Com officeholder living to discuss c) expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(Dffice sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expe	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME 3 Filer ID (Ethics C									
	Sch: 38/43 Rpt: 41/46	Bailes IV, Ernest J. (The Honorable)	00080128								
4	Date 09/02/2024	Payee name Texas A&M AgriLife Extension Service									
6	Amount (\$) \$500.00	Payee address; City; State; Zip Code 11 Carrier Ave Shepherd, TX 77371									
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense San Jacinto County 4-H Special Hearts Livesto Show Donation 									
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held								
	Date	Payee name									
	09/13/2024	Texas Grill and Cafe									
	Amount (\$) \$106.73	Payee address; City; State; Zip Code 1318 S Byrd Ave									
		Shepherd, TX 77371									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Food/Beverage Expense	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign meal to discuss officeholder issues 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held								
	Date	Payee name									
	12/11/2024	Tiff's Treats									
	Amount (\$) \$77.70	Payee address; City; State; Zip Code 1806 Nueces Street									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift expense								
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held								

			EXPENDITURE CA	TEGOF	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	ense .ges/Contract L	abor		Travel in District Travel Out of Distric	ipment & Related Expense			
1	Total pages Schedule F1:	2						3	Filer ID ((Ethics Commission Filers)	_	
	Sch: 39/43 Rpt: 42/46	Bailes IV, Ernest J. (The Honora										
4	Date	5	Payee name									
	07/24/2024		UPS Store/Austin									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$18.24		1108 Lavaca Street, Suite 110									
			Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories listed at the top of	f this och	adula)	b) Descrip	tion				-	
-	OF		Office Overhead/Rental Expense		equie)			outsio	de of Texas. Comple	ete Schedule T.		
	EXPENDITURE			•		Check	k if Austin,	TX,	officeholder living ex	xpense		
						Office I	mail to	dis	trict expense			
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ht			Office held	1		
	Date		Payee name								-	
	11/05/2024		UPS Store									
		<u> </u>		Stata:	Zin Cod	0						
	Amount (\$)		Payee address; City;	State;	; Zip Cod	е						
	\$14.35		193 IH-45 South									
			Huntsville, TX 77340									
	PURPOSE	(a)	Category (See Categories listed at the top of	f this sch	odulo) (b) Descrip	tion				-	
	OF	Ľ	Office Overhead/Rental Expense		coulc)			outsio	de of Texas. Comple	ete Schedule T.		
	EXPENDITURE									xpense		
						Office I	mail ex	pe	nse			
	Complete ONLY if direct	(Candidate/Officeholder name	C	Office soug	ht			Office held	1		
	expenditure to benefit C/OI	Н										
⊨	Date	<u> </u>	Payee name								-	
	12/23/2024		UPS Store									
	Amount (\$)		Payee address; City;	State;	; Zip Cod	е						
	\$14.35		193 IH-45 South									
			Huntsville, TX 77340									
	PURPOSE	(a)	Category (See Categories listed at the top of	f this sch	edule) (b) Descrip	tion				-	
	OF	Ľ	Office Overhead/Rental Expense		cuuic)			outsio	de of Texas. Comple	ete Schedule T.		
	EXPENDITURE					Check	k if Austin,	тx,	officeholder living ex	xpense		
						Office I	mail ex	pe	nse			
	Complete ONLY if direct	L(Candidate/Officeholder name	C	Office soug	ht			Office held	1	—	
	expenditure to benefit C/OI				9							
-											—	
1												

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula E1.		1 Filer ID (Ethico Commission Filero)
1	Total pages Schedule F1: Sch: 40/43 Rpt: 43/46	Bailes IV, Ernest J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080128
4	Date		00000120
4	10/18/2024	5 Payee name USPS/Shepherd	
6	Amount (\$) \$34.60	7 Payee address; City; State; Zip Code 1350 South Byrd Avenue Shepherd, TX 77371	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/17/2024	USPS/Shepherd	
	Amount (\$) \$292.00	Payee address; City; State; Zip Code 1350 South Byrd Avenue	
		Shepherd, TX 77371	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense DENSE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/29/2024	Uber	
	Amount (\$) \$40.03	Payee address; City; State; Zip Code 111 North Canal	
		Chicago, IL 60607	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Iistrict expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards mittee Legal Servi	age Expense /Memorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			Filer ID (Ethics Commission Filers)	-				
1	Sch: 41/43 Rpt: 44/46		FILER NAME 3 Filer ID (Ethics Commission Filers) Bailes IV, Ernest J. (The Honorable) 00080128							
4	Date	5	Payee name							
	08/05/2024		Uber							
6	Amount (\$) \$4.82		Payee address; C 111 North Canal Chicago, IL 60607	ity; State;	Zip Cod	e				
8	PURPOSE	(a)) Description			\neg	
0	OF		Category (See Categorie Travel Out of Distric		edule) (ı, TX,	de of Texas. Complete Schedule T. officeholder living expense trict expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	nt		Office held		
	Date		Payee name							
	09/25/2024		Uber							
	Amount (\$)		Payee address; C	ity; State;	Zip Cod	e				
	\$20.89		111 North Canal Chicago, IL 60607							
	PURPOSE OF EXPENDITURE		Category (See Categorie Travel Out of Distric		edule) (ı, TX,	de of Texas. Complete Schedule T. officeholder living expense trict expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	office soug	nt		Office held		
	Date		Payee name						-	
	12/06/2024		Universal Agape Lo	ve Dayton						
	Amount (\$) \$300.00		Payee address; C 104 W Clayton St	ity; State;	Zip Cod	e				
			Dayton, TX 77535							
	PURPOSE OF EXPENDITURE		Category _{(See Categorie} Contributions/Dona Candidate/Officehol	ions Made By				de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	nt		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/43 Rpt: 45/46	Bailes IV, Ernest J. (The Honorable)	00080128
4	Date 09/03/2024	Payee name Wal Mart/Cleveland	
6	Amount (\$) \$77.41	Payee address; City; State; Zip Code 831 Highway 59 South Cleveland, TX 77327	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/30/2024	West Texas Legislative Conference	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 36 E Twohig Ave San Angelo , TX 76903	
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee 	outside of Texas. Complete Schedule T. TX, officeholder living expense egislative Conference donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/29/2024	Y'alls Gift Co	
	Amount (\$) \$50.09	Payee address;City;State; Zip Code1202 RM 1431	
		Marble Falls , TX 78654	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Cal Committee Expense Legal Services Expense The Instruction Guide explains how to complete this form.						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	-				uide explains l	how to com	nplet	e this form.			
1	Total pages Schedule F1:	2	FILER NAME	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 43/43 Rpt: 46/46	1	Bailes IV, E	Ernest J. (The H	lonorable)					00080128	
4	Date	5	Payee name						<u> </u>		
	07/29/2024		Y'alls Gift C								
6					Stata	Zin Cod					
0	Amount (\$)		Payee addre		State,	Zip Cod	ie				
	\$25.97 1202 RM 1431										
		1	Marble Fall	s , TX 78654							
8	PURPOSE	(a) (Category (s	ee Categories listed at	the top of this sch	edule) ((b)	Description			
	OF			s/Memorials Exp		cuuic)	<u>ן</u>		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE						Ī			officeholder living	g expense
								Gift expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Off	iceholder name	C	Office soug	ht			Office h	eld