

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00084054		2 Total pages filed: 12		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jon P.	MI MI	ELECTRONICALLY FILED 01/08/2025	
	NICKNAME	LAST Bouche	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Receipt #	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Processed	
	5 ORIGINAL PERIOD COVERED			Date Imaged	
Month	Day	Year	Month	Day	Year
	07/01/2024		THROUGH	12/31/2024	

6 EXPLANATION OF CORRECTION
An invoice from Squarespace, Inc (website subscription) was inadvertently misplaced and not included in the original submission. The amount if this invoice is \$204.67

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Jon P. Bouche

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084054	2 Total pages filed: 12					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jon P.	MI	OFFICE USE ONLY				
	NICKNAME	LAST Bouche	SUFFIX		Date Received ELECTRONICALLY FILED 01/08/2025			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7127 Silverleaf Oak Street Conroe , TX 77304			Date Hand-delivered or Date Postmarked				
				Receipt # _____ Amount _____				
				Date Processed _____				
				Date Imaged _____				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Kenneth	MI					
	NICKNAME	LAST Earnest	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11 Marquise Oaks Place The Woodlands, TX 77382							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(281)	435-6658						
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)							
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
	07	01	2024		12	31	2024	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026			ELECTION TYPE				
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		<input type="checkbox"/> General
11 OFFICE	OFFICE HELD (if any) Lone Star Groundwater Conservation District, Place 6 Place 6 Montgomery				12 OFFICE SOUGHT (if known) State Representative District 16			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 12

13 C / OH NAME Bouche, Jon P. (Mr.)	14 Filer ID (Ethics Commission Filers) 00084054
--	---

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table style="width:100%"> <tr> <td style="width:30%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,546.19
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 466.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,322.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

 Mr. Jon P. Bouche
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

4 of 12

18 FILER NAME Bouche, Jon P. (Mr.)		19 Filer ID (Ethics Commission Filers) 00084054
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,546.19
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 223.32
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 243.64
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 5/12
2 FILER NAME Bouche, Jon P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00084054
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Elizabeth (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77381	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Self
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BreauX, Chris (Mr.) <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Inst. Engineering Spc.		Employer (See Instructions) NES Fircroft
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Graham (Mr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Railroad Conductor		Employer (See Instructions) BNSF
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coslo, Ana (Mrs.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephanie (Mrs.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 6/12
2 FILER NAME Bouche, Jon P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00084054
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunkin, Mack (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Huntington, TX 75949	
8 Principal occupation / Job title (See Instructions) Minister		9 Employer (See Instructions) church of Christ
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earnest, Kenneth (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etwop, Martin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77385	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Citizens Defending Freedom
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fessenden, Dale (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambright, Belinda (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pampa, TX 79066	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 7/12
2 FILER NAME Bouche, Jon P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00084054
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lassen, John (Rev.)	7 Amount of Contribution (\$) \$104.10
	6 Contributor address; City; State; Zip Code Katy, TX 77493	
8 Principal occupation / Job title (See Instructions) Home Services		9 Employer (See Instructions) AMP Repair Houston
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Steven (Mr.)	Amount of Contribution (\$) \$31.23
	Contributor address; City; State; Zip Code Spring, TX 77381	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Bonnie (Mrs.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Nicole (Mrs.)	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code Spring, TX 77382	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedraza, Luis (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Conroe, TX 77301	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 8/12
2 FILER NAME Bouche, Jon P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00084054
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richey, Bruce (Mr.)	7 Amount of Contribution (\$) \$260.25
	6 Contributor address; City; State; Zip Code Houston, TX 77043	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Tony (Mr.)	Amount of Contribution (\$) \$520.51
	Contributor address; City; State; Zip Code Sour Lake, TX 77659	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Charles (Mr.)	Amount of Contribution (\$) \$104.10
	Contributor address; City; State; Zip Code Spring, TX 77386	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Aidan Capital Management
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Charles (Mr.)	Amount of Contribution (\$) \$26.03
	Contributor address; City; State; Zip Code Spring, TX 77386	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Aidan Capital Management
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shurts, Wayne (Mr.)	Amount of Contribution (\$) \$1,041.02
	Contributor address; City; State; Zip Code West Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 9/12
2 FILER NAME Bouche, Jon P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00084054
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stage, Daniel (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cleveland, TX 77328	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas United for a Conservative Majority PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Victoria, TX 77801	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wessel, Wes (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Willis, TX 77318	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Herschel (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jackie (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 10/12
2 FILER NAME Bouche, Jon P. (Mr.)		3 Filer ID (Ethics Commission Filers) 00084054
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yockey, Tim (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Pinehurst, TX 77362	7 Amount of Contribution (\$) \$520.51
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Anticorrosion Technologies
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zook, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 11/12	2 FILER NAME Bouche, Jon P. (Mr.)	3 Filer ID (Ethics Commission Filers) 00084054
4 Date 12/30/2024	5 Payee name Win Red	
6 Amount (\$) \$214.42	7 Payee address; City; State; Zip Code 1776 Wilson Road Suite 530 Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2024	Payee name Win Red	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Road Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2024	Payee name Zook, Christopher (Mr.)	
Amount (\$) \$4.80	Payee address; City; State; Zip Code 6255 Willers Way Houston, TX 77057	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Return of Win Red test donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return of Win Red test donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 12/12	2 FILER NAME Bouche, Jon P. (Mr.)	3 Filer ID (Ethics Commission Filers) 00084054
4 Date 12/17/2024	5 Payee name Google Workspace	
6 Amount (\$) \$38.97 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5335 Gate Parkway Jacksonville, FL 32256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Host
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought Office held

Date 12/19/2024	Payee name Squarespace Inc.	
Amount (\$) \$204.67 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Subscription
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought Office held