CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | ete this form. | 1 Filer ID (Ethics Commi 00035962 | | 2 Total pages fi | led: 04 |
|-------------------------|------------------------------|-------------------|---|--------------------|------------------------|--------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Robert Lee | | | Date Received | |
| | | | | | ELECTRONIC | ALLY FILED |
| | NICKNAME | LACT | | CLIEFIV | 07/15/2025 | |
| | NICKNAME | LAST Nichols | | SUFFIX | 01/10/2020 | |
| | | INICIOIS | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / | SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered of | or Date Postmarked |
| OFFICEHOLDER MAILING | P.O. Box 2347 | | | | | _ |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Jacksonville, TX 75766 | | | | | |
| | | | | | Date Processed | |
| | | | | | Date Imaged | |
| | | | | | Date imageu | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | | Marcia | | 1411 | | |
| NAME | IVII 5. | Iviaicia | | | | |
| | | | | | | |
| | | LAST | | SUFFIX | | |
| | | Daughtrey | | | | |
| | | | | _, | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO | BOX PLEASE); | AP | T / SUITE #; CITY; | ; STA | ATE; ZIP CODE |
| ADDRESS | 6713 Hollytree Cr. | | | | | |
| (Residence or Business) | | | | | | |
| | Tyler, TX 75703 | | | | | |
| | | | | | | |
| 7 CAMPAICN | ADEA CODE DUONI | E NUMBER - F | VTENCIONI | | | |
| 7 CAMPAIGN TREASURER | | E NUMBER E | EXTENSION | | | |
| PHONE | (903) 586-0637 | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | 30th day before | election \square | Runoff | 15th day after ca | mpaign treasurer |
| | |] coan day belore | | L | appointment (offi | |
| | X July 15 | 8th day before 6 | election | Exceeded modified | Final Report (Att | ach C/OH-FR) |
| | | _ | | reporting limit | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2025 | TH | IROUGH | 06/30/202 | 25 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | P | rimary | Runoff | Other | |
| | | П | eneral | Special | | |
| | | | | ш. | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | Γ (if known) | |
| III OFFICE | State Senator District 3 | | | State Senator D | | |
| | State Seriator District S | | | State Seriator B | istrict 5 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |
| I | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 94

| 13 C / OH NAME | Nichols, Robert Lee (| The Honorable) | 14 Filer ID (I | Ethics Commission 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 informatio | the candidate's or office | holder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| 16 CONTRIBUTION | | ZED POLITICAL CONTRIBUTIONS (OTHER THA | | <u> </u> |
| TOTALS | OR GUARANTE | ES OF LOANS, OR CONTRIBUTIONS MADE ELE | CTRONICALLY) | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | S) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 1,874.55 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 239,571.03 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 2,593,944.06 |
| 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 | | | | |
| | | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | | |
| | | The Honor | able Robert Lee Nicho | ols |
| | | Signature of | f Candidate or Officehold | 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 offi | cer administering | Printed name of officer administering | Title of officer | administering oath |
| | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | C | OVER SHEET PG 3 3 of 94 |
|---|----------------------------|-------------------------|
| 18 FILER NAME Nichols, Robert Lee (The Honorable) | (Ethics Commission Filers) | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | ı | SUBTOTAL AMOUNT |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 237,592.56 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 1,978.47 |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ 4,718.76 |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| 7-Eleven #12705 6 Amount (\$) 7 Payee address; City; State; Zip Code \$60.48 \$60.48 408 W 15th St. Austin, TX 78701 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings | | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|--|---|-----------------------------|--|
| Date OZ/20/2025 5 Payee name 7-Eleven #12705 | 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 7-Eleven #12705 6 Amount (\$) 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Payee name O5/18/2025 Amount (\$) Payee address; City; State; Zip Code (b) Description Check if it was auxilise of Treas. Complete Schedule T. Check If a Austra, T.X. difficabilities for the schedule T. Check If a Austra, T.X. difficabilities for the schedule T. Check If a Austra, T.X. difficabilities for the schedule T. Check If a Austra, T.X. difficabilities for the schedule T. Check If a Austra, T.X. difficabilities for the schedule T. Check If a Austra, T.X. difficabilities for the schedule T. Check If a Austra, T.X. difficabilities for the schedule T. Check If a Austra, T.X. difficabilities of the schedule T. Check If a Austra, T.X. difficabilities of the schedule T. Check If a Austra, T.X. difficabilities of the schedule T. Check If a Austra, T.X. difficabilities of the schedule T. Check If a Austra, T.X. difficabilities of the schedule T. Check If a Austra, T.X. difficabilities of the schedule T. Check If a Austra, T.X. difficabilities Travel Out of District Complete ONLY if direct expenditure to benefit C/OH Date O3/25/2025 Candidate/Officeholder name Office sought Office held Candidate/Officeholder name Office sought Office held Candidate/Officeholder name Office as a Check If a Austra, T.X. difficabilities Travel Out of District Office held Date O3/25/2025 ATAT Amount (\$) Payee address; City; State; Zip Code P. O. Box 5074 Carlol Stream, IL 60197 PURPOSE EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office holder acable & internet - apartment for Jan, Feb. & Mar Complete ONLY if direct Candidate/Officeholder name Office bought Office held | | Sch: 1/80 Rpt: 4/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| Amount (S) | 4 | Date | 5 Payee name |
| Section 1. | | 02/20/2025 | 7-Eleven #12705 |
| Austin, TX 78701 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Cinch if travel outside of Trosas Complete Schedule Travel Out of District (c) Candidate/Officeholder name Office sought Officeholder fuel to travel to meetings Officeholder fuel to travel to meetings Officeholder fuel to travel to meetings Payee name 05/18/2025 Amount (s) Payee address; City; State; Zip Code A08 W 15th St. Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sought Office held Officeholder fuel to travel to meetings | 6 | | |
| Recomplete ONLY if direct expenditure to benefit C/OH | | \$60.48 | 408 W 15th St. |
| Recomplete ONLY if direct expenditure to benefit C/OH | | | A . ('. TV 70704 |
| Complete ONLY if direct expenditure to benefit C/OH | | | |
| Check if Austin, TX, officeholder fung expense Officeholder fuel to travel to meetings | 8 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Date | | EXPENDITURE | Travel out of Bistrict |
| Date 05/18/2025 Amount (\$) Payee name 7-Eleven #12705 Amount (\$) Payee address; City; State; Zip Code 408 W 15th St. Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Officeholder fuel to travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings Complete ONLY if direct expenditure to benefit C/OH Date 03/25/2025 AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cable & Internet (b) Description Check if Austin, TX, officeholder of Texas. Complete Schedule T. Schedule of Texas. Complete Schedule T. Check if Taxvel Outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder Internet Carol Stream, IL 60197 Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office holder Officeholder living expense | | | Officeholder fuel to travel to meetings |
| Date 05/18/2025 Amount (\$) Payee name 7-Eleven #12705 Amount (\$) Payee address; City; State; Zip Code 408 W 15th St. Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Officeholder fuel to travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings Complete ONLY if direct expenditure to benefit C/OH Date 03/25/2025 AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cable & Internet (b) Description Check if Austin, TX, officeholder of Texas. Complete Schedule T. Schedule of Texas. Complete Schedule T. Check if Taxvel Outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder Internet Carol Stream, IL 60197 Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office holder Officeholder living expense | | | |
| Date O5/18/2025 Amount (\$) Payee address; City; State; Zip Code \$50.96 408 W 15th St. Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sought Officeholder fuel to travel to meetings Complete ONLY if direct expenditure to benefit C/OH Date O3/25/2025 AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cable & Internet (b) Description Check if ravel outside of Texas. Complete Schedule T. Xight Code Carol Stream, IL 60197 (b) Description Check if Austin, TX, officeholder ining expense Officeholder rable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Officeholder cable & internet - apartment for Jan, Feb & Mar Office held | 9 | | |
| Date ONLY if direct expenditure to benefit C/OH Date ONLY if Separation of the schedule of Expenditure to benefit C/OH Date Of Expenditure to Separation of the schedule of Expenditure to Carol Stream, IL 60197 PURPOSE OF Expenditure Office Sought Office holder the schedule of the s | | · | |
| Amount (\$) | | | |
| \$50.96 408 W 15th St. Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District (b) Description Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held Payee name AT&T Amount (\$) Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder inving expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete QNLY if direct Candidate/Officeholder name Office sought Office held | | | |
| Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if I ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings Complete ONLY if direct expenditure to benefit C/OH Date O3/25/2025 AT&T Amount (\$) Payee name AT&T Amount (\$) Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description (b) Description Check if I ravel outside of Texas. Complete Schedule T. Check if I valin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. | | \$30.90 | 406 W 15til St. |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. | | | Austin TX 78701 |
| OF EXPENDITURE Travel Out of District Check if ravel outside of Texas. Complete Schedule T. Travel Out of District Travel Outside of Texas. Complete Schedule T. Travel Out of District Travel Outside of Texas. Complete Schedule T. Travel Out of District Travel Outside of Texas. Complete Schedule T. Travel Outside Out | _ | DUDDOSE | |
| Complete ONLY if direct expenditure to benefit C/OH Date Payee name AT&T Amount (\$) Payee address; City; State; Zip Code S671.93 P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office held Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office held | | OF | - (************************************ |
| Complete ONLY if direct expenditure to benefit C/OH Date | | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| Date 03/25/2025 AT&T Amount (\$) Payee address; City; State; Zip Code \$671.93 P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Cable & Internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | Officenoider fuel to travel to meetings |
| Date 03/25/2025 AT&T Amount (\$) Payee address; City; State; Zip Code \$671.93 P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Cable & Internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held | _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Amount (\$) Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | |
| AT&T Amount (\$) Payee address; City; State; Zip Code \$671.93 P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | _ | Date | Payee name |
| \$671.93 P. O. Box 5074 Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | 03/25/2025 | |
| Carol Stream, IL 60197 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | Amount (\$) | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | \$671.93 | P. O. Box 5074 |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Cable & Internet (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | |
| Cable & Internet Cable & Internet Cable & Internet Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | Carol Stream, IL 60197 |
| EXPENDITURE Cable & Internet Cable & Internet Cable & Internet Cable & Internet Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | Cable & Internet |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | |
| | | | |
| expenditure to benefit C/OH | | | · · · · · · · · · · · · · · · · · · · |
| | | expenditure to benefit C/OI | 1 |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/80 Rpt: 5/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/18/2025 | AT&T |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$285.19 | P. O. Box 5074 |
| | | |
| | | Carol Stream, IL 60197 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Cable & internet Check if travel outside of Texas. Complete Schedule T. |
| | | X Check if Austin, TX, officeholder living expenseOfficeholder apartment cable & internet |
| | | Oniceriolder apartment cable & internet |
| | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| _ | | |
| | Date | Payee name |
| | 05/24/2025 | AT&T |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$279.95 | P. O. Box 5074 |
| | | |
| | | Carol Stream, IL 60197 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Cable & internet Check if travel outside of Texas. Complete Schedule T. |
| | | X Check if Austin, TX, officeholder living expenseOfficeholder apartment cable & internet |
| | | Officeriolder apartment cable & internet |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| L | | |
| | Date | Payee name |
| | 06/20/2025 | AT&T |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$279.95 | P. O. Box 5074 |
| | | |
| | | Carol Stream, IL 60197 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Cable & internet Check if travel outside of Texas. Complete Schedule T. |
| | | X Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet |
| | | Onicendide apartinent cable & internet |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | • | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/80 Rpt: 6/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/05/2025 | AT&T Mobility |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$275.44 | P. O. Box 5074 |
| | | |
| | | Carol Stream, IL 60197 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder telephone expense |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| ⊨ | <u> </u> | |
| | Date | Payee name |
| | 02/05/2025 | AT&T Mobility |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$212.92 | P. O. Box 5074 |
| | | |
| | | Carol Stream, IL 60197 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Officeholder/campaign telephone expense |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/Ol | y |
| ⊨ | | |
| | Date | Payee name |
| | 03/05/2025 | AT&T Mobility |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$213.01 | P. O. Box 5074 |
| | | |
| | | Carol Stream, IL 60197 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Officeholder telephone expense |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/Ol | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/80 Rpt: 7/94 Nichols, Robert Lee (The Honorable) 00035962 4 Date Payee name 04/05/2025 AT&T Mobility 6 Amount (\$) Payee address; City; State; Zip Code \$213.01 P. O. Box 5074 Carol Stream, IL 60197 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder/campaign telephone services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2025 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code \$514.08 P. O. Box 5074 Carol Stream, IL 60197 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder/campaign telephone expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/05/2025 AT&T Moblity Amount (\$) Payee address: City: State; Zip Code \$213.03 P. O. Box 5074 Carol Stream, IL 60197 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder/campaign telephone expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/80 Rpt: 8/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 02/24/2025 | Amazon Business |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$64.94 | P. O. Box 81226 |
| | | |
| | | Seattle, WA 98108 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | - | Check if Austin, TX, officeholder living expense Officeholder capitol office supplies |
| | | Officeriolder capitor office supplies |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Date | Davies same |
| | | Payee name |
| | 05/16/2025 | Amazon Business |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$83.24 | P. O. Box 81226 |
| | | |
| | | Seattle, WA 98108 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder Capitol office supplies |
| | | Officeriolder Capitol office supplies |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date 04/08/2025 | Payee name Angelina County Chamber of Commerce |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$20.00 | 1615 S. Chestnut |
| | | |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officieholder staff to attend event |
| | | Official staff to attend event |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. |
|---|---------------------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/80 Rpt: 9/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 03/07/2025 | Austin Club |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$512.76 | 823 Congress |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder & staff to discuss issues |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | - |
| | Date | Payee name |
| | 02/03/2025 | Cabo Bob's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$485.30 | 7849 Shoal Creek Blvd |
| | | |
| | | Austin, TX 78757 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder staff to discuss budget issues |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 02/09/2025 | Cefco # 1107 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$49.86 | 319 Larissa |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder fuel to travel to events |
| | | Officeriolder idea to traver to events |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/80 Rpt: 10/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/26/2025 | Cefco # 1107 |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$52.68 | 319 Larissa |
| | | |
| | | Jacksonville, TX 75766 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings |
| | | Officeriolder later to differ in eatings |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 04/27/2025 | Cefco # 1107 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$48.31 | 319 Larissa |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings |
| | | Officeriolder fact to differ the entires |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 05/06/2025 | Cherokeean Herald |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$195.00 | 140 Main St. |
| | | |
| | | Rusk, TX 75785 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder/campaign advertising Livestock show |
| | | Officeriolder/campaign advertising Livestock show |
| | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/80 Rpt: 11/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 06/12/2025 | Cherokeean Herald |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$190.00 | 140 Main St. |
| | | |
| | | Rusk, TX 75785 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder/campaign newspaper ad |
| | | Cincertolaet/oathpaigtt Newspaper ad |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| \vdash | Date | Dougo nama |
| | 02/06/2025 | Payee name |
| | | Chick-fil-A #029 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$195.54 | 503 W Martin Luther King Blvd |
| | | |
| | | Austin, TX 75701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder, Staff & House members meal |
| | | Officeriolder, Stall & House members meal |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Davies same |
| | 06/02/2025 | Payee name Chick-fil-A #029 |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$107.28 | 503 W Martin Luther King Blvd |
| | | |
| | | Austin, TX 75701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder staff meal last day of session |
| | | Officeriolaer stail friedriast day of session |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| _ | | |
| 1 | Total pages Schedule F1: Sch: 9/80 Rpt: 12/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/14/2025 | Cirkit Panaromic |
| 6 | Amount (\$) \$529.00 | 7 Payee address; City; State; Zip Code P. O. Box 99 |
| | | Hillsboro, WV 24946 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense Officeholder - 2025 session photo |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/07/2025 | City of Austin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$130.70 | P. O. Box 2267 |
| | | |
| | | Austin, TX 78783 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Uilities Check if travel outside of Texas. Complete Schedule T. |
| | | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| | | Officeriolder apartment dumities |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| _ | | |
| | Date | Payee name |
| | 02/07/2025 | City of Austin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$63.91 | P. O. Box 2267 |
| | | Austin, TX 78783 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Utilities Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | X Check if Austin, TX, officeholder living expense |
| | | Officeholder apartment utilities |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|--|--|
| - | Total pages Schedule F1: | | |
| 1 | Sch: 10/80 Rpt: 13/94 | Nichols, Robert Lee (The Honorable) Nichols, Robert Lee (The Honorable) | |
| 4 | Date | 5 Payee name | |
| | 03/11/2025 | City of Austin | |
| 6 | Amount (\$) \$62.59 | 7 Payee address; City; State; Zip Code P. O. Box 2267 | |
| | | Austin, TX 78783 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Utilities Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | X Check if Austin, TX, officeholder living expense | |
| | | Officeholder apartment utilities | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 04/08/2025 | City of Austin | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$52.70 | P. O. Box 2267 | |
| | | | |
| | | Austin, TX 78783 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Utilities Check if travel outside of Texas. Complete Schedule T. | |
| | | X Check if Austin, TX, officeholder living expense | |
| | | Officeholder apartment utilities | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 05/06/2025 | City of Austin | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$46.55 | P. O. Box 2267 | |
| | | | |
| | | Austin, TX 78783 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Utilities Check if travel outside of Texas. Complete Schedule T. | |
| | | X Check if Austin, TX, officeholder living expense | |
| | | Officeholder apartment utilities | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | | | |
| | | | |
| | | | |
| I | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 11/80 Rpt: 14/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 06/02/2025 | City of Austin |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$48.42 | P. O. Box 2267 |
| | | |
| | | Austin, TX 78783 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Utilities Check if travel outside of Texas. Complete Schedule T. |
| | | X Check if Austin, TX, officeholder living expense |
| | | Officeholder apartment utilities |
| Ļ | Occupated ONLY if alice at | On did to 10 ff as hald a grant Off as south |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 01/27/2025 | Conine Vestal, Shelby (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,058.75 | 12220 Terraza Circle |
| | | |
| | | Austin, TX 78726 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | Campaign payton |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| - | Data | Davis same |
| | Date 02/24/2025 | Payee name |
| | | Conine Vestal, Shelby (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,058.75 | 12220 Terraza Circle |
| | | |
| | | Austin, TX 78726 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Compaign powell |
| | | Campaign payroll |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributing 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: 12/80 Rpt: 15/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 03/24/2025 | Conine Vestal, Shelby (Ms.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,058.75 | 12220 Terraza Circle |
| | | |
| | | Austin, TX 78726 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Sampang Approx |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 4 |
| | Date | Payee name |
| | 04/08/2025 | Conine Vestal, Shelby (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,235.25 | 12220 Terraza Circle |
| | | |
| | | Austin, TX 78726 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaign payron |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 4 |
| | Date | Payee name |
| | 05/26/2025 | Conine Vestal, Shelby (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,235.25 | 12220 Terraza Circle |
| | | |
| | | Austin, TX 78726 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee Legal Se | rds/Memorials Expens rvices struction Guide e | Salaries/ | Wages | s/Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed | above) |
|---|--|-----|----------------------|---|-------------------|-------|------------------|------|-------------------------------------|-------------------------------|---------------|
| 1 | Total pages Schedule F1: | 12 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commi | ssion Filers) |
| | Sch: 13/80 Rpt: 16/94 | | Nichols, Robert L | ee (The Honor | able) | | | | 00035962 | • | , |
| 4 | Date | 5 | Payee name | | | | | _ | | | |
| | 06/24/2025 | | Conine Vestal, Sh | elby (Ms.) | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; Zip Co | ode | | | | | |
| | \$1,235.25 | | 12220 Terraza Ci | rcle | | | | | | | |
| | | | Austin, TX 78726 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categ | ories listed at the top of | of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wages/C | | | | | | | plete Schedule T. | |
| | EXI ENDITORE | | | | | | _ | | , officeholder living | gexpense | |
| | | | | | | | Campaign pa | ayrc | oii expense | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Officehold | er name | Office sou | ught | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | |
| | 01/27/2025 | | Connie H. Nice C | PA PC | | | | | | | |
| | Amount (\$) | + | Payee address; | City; | State; Zip Co | ode | | | | | |
| | \$275.00 | | P.O. Box 2283 | Oity, | Otato, Zip O | ouc | | | | | |
| | Ψ213.00 | | 1 .O. DOX 2203 | | | | | | | | |
| | | | Jacksonville, TX | 75766 | | | | | | | |
| | PURPOSE | (a) | Category (See Categ | ories listed at the top of | of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Accounting/Banki | | | | = | | | plete Schedule T. | |
| | | | | | | | _ | | , officeholder living | g expense | |
| | | | | | | | Campaign pa | ayrc | oll expense | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Officehold | er name | Office sou | ught | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | |
| | 03/11/2025 | | Connie H. Nice C | PA PC | | | | | | | |
| | Amount (\$) | + | Payee address; | City; | State; Zip Co | ode | | | | | |
| | \$475.00 | | P.O. Box 2283 | C.1.), | Otatio, Lip of | 000 | | | | | |
| | Ψ+10.00 | | 1 .O. DOX 2200 | | | | | | | | |
| | | | Jacksonville, TX | 75766 | | | | | | | |
| | PURPOSE | (a) | Category (See Categ | ories listed at the top of | of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Accounting/Banki | ng | | | ш | | | plete Schedule T. | |
| | EXI ENDITORE | | | | | | | | , officeholder living | | |
| | | | | | | | Campaign 11 | L20 | -POL prepa | ration | |
| | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Officehold | er name | Office sou | ught | | | Office he | eld | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 14/80 Rpt: 17/94 | Nichols, Robert Lee (The Honorable) | 00035962 |
| 4 | Date | 5 Payee name | |
| | 01/13/2025 | Creative Graphics of Texas | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$260.00 | 310 S. Ragsdale | 1 |
| | | | 1 |
| | | Jacksonville, TX 75766 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overficad/Nertial Expense | el outside of Texas. Complete Schedule T. |
| | | Campaign s | in, TX, officeholder living expense |
| | | Cumpaign 3 | tan simts |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Cine neid |
| _ | Date | Payee name | |
| | 01/27/2025 | Creative Graphics of Texas | 1 |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$97.43 | 310 S. Ragsdale | |
| | Ψ91.43 | 310 3. Nagsuale | 1 |
| | | Jackson villa TV 75766 | |
| | | Jacksonville, TX 75766 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | el outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Onice Overnead/Nental Expense | in, TX, officeholder living expense |
| | | Campaign p | rinted materials |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | н | |
| | Date | Payee name | |
| | 01/13/2025 | Creative Graphics of Texas | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$281.45 | 310 S. Ragsdale | |
| | | | |
| | | Jacksonville, TX 75766 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | el outside of Texas. Complete Schedule T. |
| | EXPENDITORE | | in, TX, officeholder living expense |
| | | Officenoider | /campaign staff apparel |
| | Operation ONLY if allowed | Out if day/Off a hald a source | Office hald |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | <u> </u> |
| | Sch: 15/80 Rpt: 18/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/03/2025 | Dallas Morning News |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$32.51 | 1954 Commerce St. |
| | | |
| | | Dallas, TX 75201 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense Officeholder monthly subscription |
| | | Officeriolder monthly subscription |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| · | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 02/03/2025 | Dallas Morning News |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$32.51 | 1954 Commerce St. |
| | | |
| | | Dallas, TX 75201 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder monthly subscription |
| | | , |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 03/03/2025 | Dallas Morning News |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$32.51 | 1954 Commerce St. |
| | | |
| | | Dallas, TX 75201 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder newspaper subscription |
| | | Onicendidei newspapei subscription |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 16/80 Rpt: 19/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/03/2025 | Dallas Morning News |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$32.51 | 1954 Commerce St. |
| | | |
| L | | Dallas, TX 75201 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder newspaper subscription |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| L | experialture to berieff C/O | |
| | Date | Payee name |
| | 05/03/2025 | Dallas Morning News |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$32.51 | 1954 Commerce St. |
| | | |
| | | Dallas, TX 75201 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder newspaper subscription |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| L | experience to borionic Grou | |
| | Date | Payee name |
| L | 06/03/2025 | Dallas Morning News |
| | Amount (\$) \$32.51 | Payee address; City; State; Zip Code 1954 Commerce St. |
| | Φ32.51 | 1954 Confinerce St. |
| | | Dallas, TX 75201 |
| L | PURPOSE | |
| | OF | (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. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Officeholder subscription |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/O | |
| | | |
| | | |
| ı | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|-----------|---|---|
| 1 | Total pages Schedule F1: | |
| | Sch: 17/80 Rpt: 20/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date 02/19/2025 | 5 Payee name Deluxe Business Checks & Solutions |
| 6 | Amount (\$) \$181.81 | 7 Payee address; City; State; Zip Code PO Box 1186 |
| | | Lancaster, CA 93534-1186 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign printed materials |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| _ <u></u> | Date | Payee name |
| | 02/25/2025 | Deluxe Business Checks & Solutions |
| | Amount (\$) \$77.25 | Payee address; City; State; Zip Code PO Box 1186 |
| | | Lancaster, CA 93534-1186 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign printed materials |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 04/08/2025 | Payee name Department of the Treasury |
| | Amount (\$) \$14,528.00 | Payee address; City; State; Zip Code Internal Revenue Service |
| | | Ogden, UT 84201 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign income tax |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|------------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 18/80 Rpt: 21/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 02/12/2025 | Dunn, Shawn (Ms.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$46.68 | 213 Winged Foot Dr. |
| | | |
| | | Lufkin, TX 75901 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign reimbursement 77.8 miles @ .60 |
| | | Campaign remibulsement 17.0 miles & .00 |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| H | Date | Payee name |
| | 03/24/2025 | Dunn, Shawn (Ms.) |
| L | | ` ' |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$72.67 | 213 Winged Foot Dr. |
| | | Lufkin, TX 75901 |
| H | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign reimbursement 111.8 miles @ .65 |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| H | Date | Payee name |
| | 04/08/2025 | Dunn, Shawn (Ms.) |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$50.57 | 213 Winged Foot Dr. |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Campaign reimburse for 77.8 miles @.65 to attend event |
| lacksquare | Commission Chill V. V. II | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | - Farmana to bonont of of | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|--|
| <u> </u> | Tatal name C. I. I. I. Ti | |
| 1 | Total pages Schedule F1: Sch: 19/80 Rpt: 22/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date | 5 Payee name |
| Ĺ | 01/27/2025 | Dunn, Shawn (Ms.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,441.12 | 213 Winged Foot Dr. |
| | | |
| | | Lufkin, TX 75901 |
| _ | DUDESCE | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | Campaign payron |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | experience to beliefft C/OI | |
| | Date | Payee name |
| | 02/24/2025 | Dunn, Shawn (Ms.) |
| - | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,441.12 | 213 Winged Foot Dr. |
| | Ψ1, 44 1.12 | 210 Wingou Foot Dr. |
| | | |
| L | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| F | Date | Payee name |
| | 03/24/2025 | Dunn, Shawn (Ms.) |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,441.12 | 213 Winged Foot Dr. |
| | | |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 20/80 Rpt: 23/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/08/2025 | Dunn, Shawn (Ms.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,441.12 | 213 Winged Foot Dr. |
| | | |
| | | Lufkin, TX 75901 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaigh payroll |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 05/26/2025 | Dunn, Shawn (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,441.12 | 213 Winged Foot Dr. |
| | | |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaign payron |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | D : | |
| | Date | Payee name |
| | 06/24/2025 | Dunn, Shawn (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,441.12 | 213 Winged Foot Dr. |
| | | |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Compaign payrell avyages |
| | | Campaign payroll expense |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/80 Rpt: 24/94 Nichols, Robert Lee (The Honorable) 00035962 4 Date Payee name 01/27/2025 Ellis, Jacob (Mr.) 6 Amount (\$) Payee address; City; State; Zip Code \$2,264.62 1402 Mulberry Lufkin, TX 75904 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2025 Ellis, Jacob (Mr.) Amount (\$) Payee address; City; State; Zip Code \$2,264.62 1402 Mulberry Lufkin, TX 75904 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/24/2025 Ellis, Jacob (Mr.) Amount (\$) Payee address: City; State; Zip Code \$2,264.62 1402 Mulberry Lufkin, TX 75904 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 22/80 Rpt: 25/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/08/2025 | Ellis, Jacob (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,441.12 | 1402 Mulberry |
| | | |
| | | Lufkin, TX 75904 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | - | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaign payron |
| _ | Complete ONLY if divert | Candidate/Officeholder name Office sought Office hald |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| \vdash | Dete | |
| | Date | Payee name |
| | 05/26/2025 | Ellis, Jacob (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,441.12 | 1402 Mulberry |
| | | |
| | | Lufkin, TX 75904 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | Campaight payron |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| - | Date | Payee name |
| | 06/24/2025 | Ellis, Jacob (Mr.) |
| | | |
| | Amount (\$) | |
| | \$1,441.12 | 1402 Mulberry |
| | | |
| | | Lufkin, TX 75904 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Campaign payroll expense |
| | | Sumpaign payron expense |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 23/80 Rpt: 26/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/27/2025 | Ford Credit |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,037.67 | P. O. Box 650575 |
| | | |
| | | Dallas, TX 75265 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense |
| | | Expense Lack if Austin, TX, officeholder living expense Campaign vehicle lease |
| | | Campaign version roace |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 05/27/2025 | Ford Credit |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,296.25 | P. O. Box 650575 |
| l | , , | |
| l | | Dallas, TX 75265 |
| ┝ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE | Expense Check if Austin, TX, officeholder living expense |
| | | Campaign vehicle lease |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| ⊨ | | |
| | Date | Payee name |
| ┡ | 03/20/2025 | Ford Credit |
| l | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,037.67 | P. O. Box 650575 |
| l | | D. H TV 75005 |
| | | Dallas, TX 75265 |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign vehicle lease |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |
| ı | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 4. Tatalmana C. I. I. T. | |
| 1 Total pages Schedule F1: | |
| Sch: 24/80 Rpt: 27/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 Date | 5 Payee name |
| 01/02/2025 | Google |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$38.38 | 1600 Amphitheater |
| | |
| | Mountain View, CT 94043 |
| 8 PURPOSE | 1 |
| OF | (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. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Officeholder email expense |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 02/03/2025 | Google |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$38.38 | 1600 Amphitheater |
| + 23. 00 | |
| | Mountain View, CT 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| LA LADITORL | Check if Austin, TX, officeholder living expense |
| | Officeholder email expense |
| 0 1. 6 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 03/03/2025 | Google |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$38.38 | 1600 Amphitheater |
| | |
| | Mountain View, CT 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| D. LIBITORE | Check if Austin, TX, officeholder living expense |
| | Campaign email expense |
| Commission ONUV Editor | Condidate/Officeholder name Office county |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| , | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|----------|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 25/80 Rpt: 28/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/01/2025 | Google |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$38.37 | 1600 Amphitheater |
| | | |
| L | | Mountain View, CT 94043 |
| 8 | PURPOSE OF | (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. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign email expense |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | experialture to beliefit C/Oi | |
| | Date | Payee name |
| L | 05/01/2025 | Google |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$38.38 | 1600 Amphitheater |
| | | |
| L | | Mountain View, CT 94043 |
| | PURPOSE OF | (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. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign email expense |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| ┡ | | |
| | Date | Payee name |
| L | 06/01/2025 | Google |
| | Amount (\$) \$38.38 | Payee address; City; State; Zip Code 1600 Amphitheater |
| | Ψ30.30 | 1000 Amphiliticater |
| | | Mountain View, CT 94043 |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign email expense |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| l | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebolder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| _ | | |
| 1 | Total pages Schedule F1: Sch: 26/80 Rpt: 29/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date | 5 Payee name |
| • | 01/27/2025 | Graham, Drew (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,350.00 | 5804 Gloucester Lane |
| | | |
| | | Auctin TV 78723 |
| | | Austin, TX 78723 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | 2/11/21/01/12 | Check if Austin, TX, officeholder living expense |
| | | Officeholder staff session rent |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| \vdash | Date | Davies same |
| | | Payee name |
| | 02/24/2025 | Graham, Drew (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,350.00 | 5804 Gloucester Lane |
| | | |
| | | Austin, TX 78723 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Officeholder staff session rent |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| - | Date | Payee name |
| | | Payee name |
| | 03/24/2025 | Graham, Drew (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,350.00 | 5804 Gloucester Lane |
| | | |
| | | Austin, TX 78723 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Officeholder staff session rent |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 27/80 Rpt: 30/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/08/2025 | Graham, Drew (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,350.00 | 5804 Gloucester Lane |
| | | |
| | | Austin, TX 78723 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder staff session rent |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ٥ | expenditure to benefit C/O | |
| _ | Date | Davies warms |
| | 02/12/2025 | Payee name HEB 2/373 |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$46.46 | 16900 North FM 620 |
| | | |
| | | Round Rock, TX 78681 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder capitol office supplies |
| | | Officeriolaer capitor office supplies |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | | <u> </u> |
| | Date | Payee name HEB 2/373 |
| | 01/14/2025 | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$87.67 | 16900 North FM 620 |
| | | |
| | | Round Rock, TX 78681 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Officeholder Capitol office supplies |
| | Complete ONLY if direct | Condidate/Office helder no rec |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | <u> </u> | |
| | | |
| | | |

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

| | Credit Card Payment | The Instruction Guide explains how to complete thi | is form. |
|---|-----------------------------|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 28/80 Rpt: 31/94 | Nichols, Robert Lee (The Honorable) | 00035962 |
| 4 | Date | 5 Payee name | • |
| | 01/06/2025 | HEB 2/373 | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$25.66 | 16900 North FM 620 | |
| | | | |
| | | Round Rock, TX 78681 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Desc | cription |
| | OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITORE | · | Check if Austin, TX, officeholder living expense |
| | | Olik | iceholder Capitol office supplies |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| 9 | expenditure to benefit C/O | | Office field |
| _ | <u> </u> | | |
| | Date | Payee name | |
| | 02/27/2025 | HEB 2/373 | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$21.84 | 16900 North FM 620 | |
| | | | |
| | | Round Rock, TX 78681 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Desc | |
| | EXPENDITURE | Onico O torriodan torrian Experies | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | iceholder Capitol office supplies |
| | | | and the state of t |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| | Date | Payee name | |
| | 03/10/2025 | HEB 2/373 | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$49.80 | 16900 North FM 620 | |
| | , , , , , | | |
| | | Round Rock, TX 78681 | |
| | PURPOSE | | - Contract one |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overficad/Nertial Experise | Check if Austin, TX, officeholder living expense |
| | | Offic | iceholder Capitol office supplies |
| _ | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/Ol | 1 | |
| | | | |
| | | | |
| | | | |

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

| Credit Card Payment | | The Instruction Guide | explains how to con | plete this form. | | | | |
|---|----------------|--|----------------------|----------------------------------|---------|--|--------------------|---------|
| 1 Total pages Schedule | e F1: 2 | FILER NAME | | | 3 | Filer ID | (Ethics Commission | Filers) |
| Sch: 29/80 Rpt: 32 | 2/94 | Nichols, Robert Lee (The Hono | orable) | | | 00035962 | | |
| 4 Date | 5 | Payee name | | | • | | | |
| 03/21/2025 | | HEB 2/373 | | | | | | |
| 6 Amount (\$) | 7 | Payee address; City; | State; Zip Cod | е | | | | |
| \$31 | 1.90 | 16900 North FM 620 | | | | | | |
| | | | | | | | | |
| | | Round Rock, TX 78681 | | | | | | |
| 8 PURPOSE | (6 | a) Category (See Categories listed at the to | p of this schedule) | b) Description | | | | |
| OF EXPENDITURE | | Office Overhead/Rental Expen | ise | _ | | ide of Texas. Com , officeholder living | | |
| | | | | _ | | pitol office s | | |
| | | | | | | | | |
| 9 Complete ONLY if dir | rect | Candidate/Officeholder name | Office soug | ht | | Office he | eld | |
| expenditure to benefit | | | _ | | | | | |
| Date | | Payee name | | | | | | |
| 04/18/2025 | | HEB 2/373 | | | | | | |
| Amount (\$) | | Payee address; City; | State; Zip Coo | e | | | | |
| , , | 8.14 | 16900 North FM 620 | • | | | | | |
| | | | | | | | | |
| | | Round Rock, TX 78681 | | | | | | |
| PURPOSE | (6 | a) Category (See Categories listed at the to | un of this schedule) | b) Description | | | | |
| OF EXPENDITURE | ľ | Office Overhead/Rental Expen | · | Check if trave | | ide of Texas. Com | | |
| LAFENDITORE | | | | | | , officeholder living | | |
| | | | | Officeriolder | cap | oitol office su | ipplies | |
| Complete ONLY if dire | roct | Candidate/Officeholder name | Office soug | ht | | Office he | ald. | |
| expenditure to benefit | | Candidate/Onicendider name | Office 30ug | iii. | | Office file | au | |
| Data | | Davies name | | | | | | |
| Date 05/26/2025 | | Payee name HEB 2/373 | | | | | | |
| | | | State; Zip Cod | | | | | |
| Amount (\$) | 4.17 | Payee address; City; 16900 North FM 620 | State, Zip Cot | е | | | | |
| Ψ14 | Ť.±′ | 10300 NORTH W 020 | | | | | | |
| | | Round Rock, TX 78681 | | | | | | |
| DUDDOGE | | | 1. | | | | | |
| PURPOSE OF | (6 | Category (See Categories listed at the to Office Overhead/Rental Expen | ' ' | b) Description Check if trave | el outs | ide of Texas. Com | plete Schedule T. | |
| EXPENDITURE | | Office Overheau/Refital Expen | ise | | | , officeholder living | | |
| | | | | Officeholder | r cap | oitol office su | pplies | |
| | | | | | | | | |
| Complete ONLY if direction expenditure to benefit | | Candidate/Officeholder name | Office soug | ht | | Office he | eld | |
| experiulture to belieff | it C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complet | e this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 30/80 Rpt: 33/94 | Nichols, Robert Lee (The Honorable) | 00035962 |
| 4 | Date | 5 Payee name | <u>'</u> |
| | 01/27/2025 | Harris, Jennifer (Ms.) | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$580.12 | 215 Southland Dr. | |
| | | | |
| | | Lumberton, TX 77657 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. |
| | LAFLINDITORL | | Check if Austin, TX, officeholder living expense |
| | | | Campaign payroll |
| _ | Commists ONII V if direct | Condidate Office helder page | Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| _ | · | | |
| | Date | Payee name | |
| | 02/24/2025 | Harris, Jennifer (Ms.) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$580.12 | 215 Southland Dr. | |
| | | | |
| | | Lumberton, TX 77657 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | | canpagn pay.s. |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | • | |
| | Date | Payee name | |
| | 03/24/2025 | Harris, Jennifer (Ms.) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$580.12 | 215 Southland Dr. | |
| | 4000.12 | 213 Coduliana Dr. | |
| | | Lumberton, TX 77657 | |
| | DUDD005 | | |
| | PURPOSE OF | , , | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Salaries/Wages/Contract Labor | Check if Austin, TX, officeholder living expense |
| | | | — Campaign payroll |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to com | nple | ete this form. |
|----------|--|--|----------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 31/80 Rpt: 34/94 | Nichols, Robert Lee (The Honorable) | | 00035962 |
| 4 | Date | 5 Payee name | | - |
| | 04/08/2025 | Harris, Jennifer (Ms.) | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | le | |
| | \$580.12 | 215 Southland Dr. | | |
| | | | | |
| | | Lumberton, TX 77657 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | . , | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | j | | Check if Austin, TX, officeholder living expense |
| | | | | Campaign payroll |
| L | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug | ht | Office held |
| | | | _ | |
| | Date | Payee name | | |
| | 05/26/2025 | Harris, Jennifer (Ms.) | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | le | |
| | \$580.12 | 215 Southland Dr. | | |
| | | | | |
| | | Lumberton, TX 77657 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | | | Campaign payron |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office soug | | Office held |
| | expenditure to benefit C/O | 9 | , | |
| | Date | Payee name | _ | |
| | 06/24/2025 | Harris, Jennifer (Ms.) | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | <u> </u> | |
| | \$580.10 | 215 Southland Dr. | 10 | |
| | Ψ300.10 | 213 Southand Dr. | | |
| | | Lumbartan TV 77657 | | |
| | | Lumberton, TX 77657 | | |
| | PURPOSE OF | , , , | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Salaries/Wages/Contract Labor | | Check if Austin, TX, officeholder living expense |
| | | | | Campaign payroll expense |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | jht | Office held |
| | expenditure to benefit C/O | 1 | | |
| | | | | |
| | | | | |
| 4 | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: Sch: 32/80 Rpt: 35/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date 06/20/2025 | 5 Payee name Headliners Club |
| 6 | Amount (\$) \$3,134.93 | 7 Payee address; City; State; Zip Code P. O. Box 97 |
| 8 | PURPOSE OF EXPENDITURE | Austin, TX 78767 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder & staff end of session dinner |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 04/02/2025 | Payee name III Forks |
| | Amount (\$) \$1,453.08 | Payee address; City; State; Zip Code 111 Lavaca |
| | | Austin, TX 78701 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder dinner with Senators |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 02/12/2025 | Payee name Jacksonville Daily Progress |
| | Amount (\$) \$240.00 | Payee address; City; State; Zip Code 525 E.Commerce |
| | | Jacksonville, TX 75766 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign advertising |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing Legal Services Salarie

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnes/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| | Sch: 33/80 Rpt: 36/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/08/2025 | Jacksonville Daily Progress |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$375.00 | 525 E.Commerce |
| | | |
| | | Jacksonville, TX 75766 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Officeholder/campaign magazine ad |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office cought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/12/2025 | Jacksonville Daily Progress |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 525 E.Commerce |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Officeholder/campaign newspaper ad |
| | Operation ONLY if allowed | One did at 10 ff as had done as a second at 10 ff as had done at 10 ff a |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 02/19/2025 | Kalin's Center |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | P. O. Box 901 |
| | | |
| | | Crockett, TX 75835 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | EXPENDITORE | Candidate/Officeholder/Political Committee |
| | | Officeholder/campaign sponsorship for event |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Original Color Color Color | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations N

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| Ļ | | |
| 1 | Total pages Schedule F1: Sch: 34/80 Rpt: 37/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date | 5 Payee name |
| | 02/07/2025 | Lufkin/Angelina County Chamber of Commerce |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$380.00 | 1615 S Chestnut St, |
| | | |
| | | Lufkin, TX 75901 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Officeholder annual membership |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiulture to beliefit C/Oi | |
| | Date | Payee name |
| | 02/12/2025 | Lufkin/Angelina County Chamber of Commerce |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$60.00 | 1615 S Chestnut St, |
| | | |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder staff to attend annual banquet |
| | | Officeriolder Staff to attend affidat banquet |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Data | Para a sana |
| | Date 02/12/2025 | Payee name Lufkin/Angelina County Chamber of Commerce |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$25.00 | 1615 S Chestnut St, |
| | | |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | - | Check if Austin, TX, officeholder living expense |
| | | Officeholder staff to attend event |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 35/80 Rpt: 38/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 03/24/2025 | Lufkin/Angelina County Chamber of Commerce |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$20.00 | 1615 S Chestnut St, |
| | | |
| | | Lufkin, TX 75901 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder staff to attend meeting |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 02/20/2025 | Lufkin/Angelina County Chamber of Commerce |
| | | · · · · · · · · · · · · · · · · · · · |
| | Amount (\$) \$25.00 | Payee address; City; State; Zip Code 1615 S Chestnut St, |
| | Φ20.00 | 1015 S Chesthat St, |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXPENDITORL | Check if Austin, TX, officeholder living expense |
| | | Officeholder staff to attend meeting luncheon |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 02/12/2025 | Lufkin/Angelina County Chamber of Commerce |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$85.00 | 1615 S Chestnut St, |
| | | |
| | | Lufkin, TX 75901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder to attend annual event |
| | | Officeriolder to attend affilial event |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/80 Rpt: 39/94 Nichols, Robert Lee (The Honorable) 00035962 4 Date Payee name 01/27/2025 Lupton, Angus (Mr.) 6 Amount (\$) Payee address; State; Zip Code \$2,882.25 8700 Fritsch Dr. Austin, TX 78717 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2025 Lupton, Angus (Mr.) Amount (\$) Payee address; City; State; Zip Code \$2,882.25 8700 Fritsch Dr. Austin, TX 78717 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/24/2025 Lupton, Angus (Mr.) Amount (\$) Payee address: City; State; Zip Code \$2.882.25 8700 Fritsch Dr. Austin, TX 78717 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| l | Credit Card Payment | The Instruction Guide explains how to complet | e this form. |
|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 37/80 Rpt: 40/94 | Nichols, Robert Lee (The Honorable) | 00035962 |
| 4 | Date | 5 Payee name | |
| | 04/08/2025 | Lupton, Angus (Mr.) | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$2,058.75 | 8700 Fritsch Dr. | |
| | | | |
| | | Austin, TX 78717 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | | Sampaign payroli |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Office field |
| _ | Date | Davies name | |
| | 05/26/2025 | Payee name Lupton, Angus (Mr.) | |
| | | | |
| | Amount (\$) | Payee address; City; State; Zip Code 8700 Fritsch Dr. | |
| | \$2,058.75 | 8700 FIRSCII DI. | |
| | | A | |
| | | Austin, TX 78717 | |
| | PURPOSE OF | , | Description Check if travel outside of Texas. Complete Schedule T. |
| | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor | |
| | | [| Check if Austin, TX, officeholder living expense Campaign payroll |
| | | [| Check if Austin, TX, officeholder living expense |
| | EXPENDITURE Complete ONLY if direct | Candidate/Officeholder name Office sought | Check if Austin, TX, officeholder living expense |
| | EXPENDITURE | Candidate/Officeholder name Office sought | Check if Austin, TX, officeholder living expense Campaign payroll |
| | EXPENDITURE Complete ONLY if direct | Candidate/Officeholder name Office sought | Check if Austin, TX, officeholder living expense Campaign payroll |
| _ | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Check if Austin, TX, officeholder living expense Campaign payroll |
| _ | Complete ONLY if direct expenditure to benefit C/OlDate | Candidate/Officeholder name Office sought Payee name | Check if Austin, TX, officeholder living expense Campaign payroll |
| _ | Complete ONLY if direct expenditure to benefit C/OhDate 06/24/2025 | Candidate/Officeholder name Office sought Payee name Lupton, Angus (Mr.) | Check if Austin, TX, officeholder living expense Campaign payroll |
| _ | Complete ONLY if direct expenditure to benefit C/OFDate 06/24/2025 Amount (\$) | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code | Check if Austin, TX, officeholder living expense Campaign payroll |
| | Complete ONLY if direct expenditure to benefit C/OFDate 06/24/2025 Amount (\$) | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code | Check if Austin, TX, officeholder living expense Campaign payroll |
| | Complete ONLY if direct expenditure to benefit C/OFDate 06/24/2025 Amount (\$) | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 | Check if Austin, TX, officeholder living expense Campaign payroll Office held |
| | Complete ONLY if direct expenditure to benefit C/OFDate 06/24/2025 Amount (\$) \$2,058.75 | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 | Check if Austin, TX, officeholder living expense Campaign payroll Office held Description Check if travel outside of Texas. Complete Schedule T. |
| | Complete ONLY if direct expenditure to benefit C/OFD Date 06/24/2025 Amount (\$) \$2,058.75 | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Check if Austin, TX, officeholder living expense Campaign payroll Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OFDate 06/24/2025 Amount (\$) \$2,058.75 | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Check if Austin, TX, officeholder living expense Campaign payroll Office held Description Check if travel outside of Texas. Complete Schedule T. |
| | Complete ONLY if direct expenditure to benefit C/OFD Date 06/24/2025 Amount (\$) \$2,058.75 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Check if Austin, TX, officeholder living expense Campaign payroll Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense |
| | Complete ONLY if direct expenditure to benefit C/OFDate 06/24/2025 Amount (\$) \$2,058.75 | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought | Check if Austin, TX, officeholder living expense Campaign payroll Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/On Date 06/24/2025 Amount (\$) \$2,058.75 PURPOSE OF EXPENDITURE Complete ONLY if direct | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought | Check if Austin, TX, officeholder living expense Campaign payroll Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense |
| | Complete ONLY if direct expenditure to benefit C/On Date 06/24/2025 Amount (\$) \$2,058.75 PURPOSE OF EXPENDITURE Complete ONLY if direct | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought | Check if Austin, TX, officeholder living expense Campaign payroll Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll expense |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 38/80 Rpt: 41/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 Date | 5 Payee name |
| 01/27/2025 | Mail & More |
| 6 Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code 210 W. Oak Palestine, TX 75801 |
| 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 Campaign postage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 02/24/2025 | Mail & More |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 210 W. Oak |
| | Palestine, TX 75801 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign postage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 03/24/2025 | Payee name Mail & More |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 210 W. Oak |
| | Palestine, TX 75801 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign postage |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributing 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: 39/80 Rpt: 42/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/08/2025 | Mail & More |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$25.00 | 210 W. Oak |
| | | |
| | | Palestine, TX 75801 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign postage |
| | | Campaigh postage |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office sought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/27/2025 | Mail & More |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$25.00 | 210 W. Oak |
| | | |
| | | Palestine, TX 75801 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | - | Compaign postage expense |
| | | Campaign postage expense |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | Davis same |
| | Date 06/24/2025 | Payee name Mail & More |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$25.00 | 210 W. Oak |
| | | Palestine, TX 75801 |
| | DUDDOCE | I |
| | PURPOSE OF | (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. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign postage expense |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| l | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 40/80 Rpt: 43/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 Date | 5 Payee name |
| 01/27/2025 | Martinez, Mckenna (Ms.) |
| 6 Amount (\$) \$1,098.03 | 7 Payee address; City; State; Zip Code 3604 Flamevine Cv Austin, TX 78735 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 02/24/2025 | Martinez, Mckenna (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,098.03 | 3604 Flamevine Cv |
| | Austin, TX 78735 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/24/2025 | Martinez, Mckenna (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,098.03 | 3604 Flamevine Cv |
| | Austin, TX 78735 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 41/80 Rpt: 44/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date | 5 Payee name |
| • | 04/08/2025 | Martinez, Mckenna (Ms.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,098.03 | 3604 Flamevine Cv |
| | | Austin, TX 78735 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | 2/11/21/01/12 | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/26/2025 | Martinez, Mckenna (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,098.03 | 3604 Flamevine Cv |
| | Ψ1,000.00 | |
| | | Austin, TX 78735 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Т | Date | Payee name |
| | 06/24/2025 | Martinez, Mckenna (Ms.) |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,098.03 | 3604 Flamevine Cv |
| | | |
| | | Austin, TX 78735 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll expense |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |
| ı | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

ense Travel in District
tense Travel Out of Dist
travel Out of Dist
travel OTHER (enter a contract Labor OTHER (enter a contra

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 42/80 Rpt: 45/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/27/2025 | Missildine, Wyma |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$3,458.70 | 380 An Co Rd 414 |
| | | |
| | | Palestine, TX 75803 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaigh payroli |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| ⊨ | Date | Payee name |
| | 02/24/2025 | Missildine, Wyma |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3,458.70 | 380 An Co Rd 414 |
| | Ψ3,430.70 | 300 All C0 Nu 414 |
| | | Palastina TV 75902 |
| | 5,155,055 | Palestine, TX 75803 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 03/24/2025 | Missildine, Wyma |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3,458.70 | 380 An Co Rd 414 |
| | | |
| | | Palestine, TX 75803 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaign payron |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| ee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 City; State; Zip Code 4 03 ories listed at the top of this schedule) contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll er name Office sought Office held City; State; Zip Code |
|--|
| City; State; Zip Code 4 03 ories listed at the top of this schedule) (b) Description Ontract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll er name Office sought Office held City; State; Zip Code |
| O3 Ories listed at the top of this schedule) Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll Office sought Office held City; State; Zip Code |
| O3 Ories listed at the top of this schedule) Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll Office sought Office held City; State; Zip Code |
| O3 Ories listed at the top of this schedule) Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll Office sought Office held City; State; Zip Code |
| ories listed at the top of this schedule) contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll er name Office sought Office held City; State; Zip Code |
| (b) Description Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll City; State; Zip Code |
| (b) Description Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll City; State; Zip Code |
| Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll er name Office sought Office held City; State; Zip Code |
| Check if Austin, TX, officeholder living expense Campaign payroll er name Office sought Office held City; State; Zip Code |
| Campaign payroll er name Office sought Office held City; State; Zip Code |
| er name Office sought Office held City; State; Zip Code |
| City; State; Zip Code |
| City; State; Zip Code |
| |
| |
| |
| |
| 1 |
| • |
| |
| 03 |
| ories listed at the top of this schedule) (b) Description |
| |
| Check if Austin, 1X, officeholder living expense |
| |
| Campaign payroll |
| Campaign payroll |
| |
| Campaign payroll |
| Campaign payroll |
| Campaign payroll |
| Campaign payroll |
| Campaign payroll er name Office sought Office held |
| Campaign payroll er name Office sought Office held City; State; Zip Code |
| Campaign payroll er name Office sought Office held City; State; Zip Code |
| Campaign payroll er name Office sought Office held City; State; Zip Code |
| Campaign payroll City; State; Zip Code 4 03 ories listed at the top of this schedule) contract Labor Campaign payroll Office held Office held Office held Office held City; State; Zip Code City; State; Zip Code City; Office held Office held Office held Office held City; State; Zip Code City; Office held Office held City; Office held |
| Campaign payroll City; State; Zip Code 4 03 Ories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Campaign payroll City; State; Zip Code 4 03 ories listed at the top of this schedule) contract Labor Campaign payroll Office held Office held Office held Office held City; State; Zip Code City; State; Zip Code City; Office held Office held Office held Office held City; State; Zip Code City; Office held Office held City; Office held |
| Campaign payroll City; State; Zip Code 4 03 ories listed at the top of this schedule) Contract Labor Check if Austin, TX, officeholder living expense Campaign payroll expense Campaign payroll |
| Campaign payroll City; State; Zip Code 4 03 Ories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Campaign payroll City; State; Zip Code 4 03 ories listed at the top of this schedule) Contract Labor Check if Austin, TX, officeholder living expense Campaign payroll expense Campaign payroll |
| Campaign payroll City; State; Zip Code 4 03 ories listed at the top of this schedule) Contract Labor Check if Austin, TX, officeholder living expense Campaign payroll expense Campaign payroll |
| ories listed at the top of this schedule) (b) Description |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|--|
| 1 | Total pages Schedule F1: Sch: 44/80 Rpt: 47/94 | FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date 03/21/2025 | 5 Payee name Mudd Creek | 00000002 |
| 6 | Amount (\$) \$55.50 | 7 Payee address; City; State; Zip Code 1870 W. US Hwy 79 | |
| 8 | PURPOSE OF EXPENDITURE | Franklin, TX 77856 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 04/06/2025 | Payee name Mudd Creek | |
| | Amount (\$) \$59.27 | Payee address; City; State; Zip Code 1870 W. US Hwy 79 Franklin, TX 77856 | |
| | PURPOSE OF EXPENDITURE | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 05/25/2025 | Payee name Mudd Creek | |
| | Amount (\$) \$53.68 | Payee address; City; State; Zip Code 1870 W. US Hwy 79 | |
| | | Franklin, TX 77856 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 45/80 Rpt: 48/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 06/03/2025 | Mudd Creek |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$51.00 | 1870 W. US Hwy 79 |
| | | |
| | | Franklin, TX 77856 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| | | Officeriolder idento traver to meetings |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 01/07/2025 | Nacogdoches County Chamber of Commerce |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | 2516 North St. |
| | 4100.00 | |
| | | Nacogdoches, TX 75965 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Officeholder annual membership |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| ⊨ | Data | |
| | Date | Payee name Naccadoches County Chamber of Commerce |
| | 04/08/2025 | Nacogdoches County Chamber of Commerce |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$30.00 | 2516 North St. |
| | | |
| | | Nacogdoches, TX 75965 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder staff to attend event |
| | | Officerolder staff to attend event |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/O | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Fees
Gift/Awards/Memorials Expense
Legal Services

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

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. |
|---|---------------------------------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 46/80 Rpt: 49/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 06/19/2025 | Nation Builder |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$179.00 | 6515 Sunset Blvd. Ste. 440 |
| | | |
| | | Los Angeles, CA 90028 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign software |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | 1 |
| | Date | Payee name |
| | 03/24/2025 | Nichols, Robert L. (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$73.44 | P. O. Box 1591 |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Schedule G reimbursement |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | 1 |
| | Date | Payee name |
| | 01/27/2025 | Nichols, Robert L. (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | P. O. Box 1591 |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Schedule G Reimbursements |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/Ol | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 47/80 Rpt: 50/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 02/24/2025 | Nichols, Robert L. (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$300.00 | P. O. Box 1591 |
| | | |
| | | Jacksonville, TX 75766 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| | | Schedule o reimbulsement |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 03/24/2025 | Nichols, Robert L. (Mr.) |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | P. O. Box 1591 |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| | | Concade o remisaracinent |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 04/08/2025 | Nichols, Robert L. (Mr.) |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | P. O. Box 1591 |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| | | Schedule G Teimbulsement |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| ı | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Expendent/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 48/80 Rpt: 51/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 05/27/2025 | Nichols, Robert L. (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$300.00 | P. O. Box 1591 |
| | | |
| | | Jacksonville, TX 75766 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Schedule G reimbursement |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | ⊣ |
| | Date | Payee name |
| | 06/24/2025 | Nichols, Robert L. (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | P. O. Box 1591 |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Schedule G reimbursements |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name |
| | 02/17/2025 | Optimum |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$177.48 | P.O. Box 70340 |
| | ¥=***** | |
| | | Phildelphia, PA 19176 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign Internet |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 49/80 Rpt: 52/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/17/2025 | Optimum |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$177.48 | P.O. Box 70340 |
| | | |
| | | Phildelphia, PA 19176 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign internet |
| | | Campaign internet |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 03/17/2025 | Optimum |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$187.55 | P.O. Box 70340 |
| | Ψ107.33 | 1.0. 50% 10040 |
| | | Phildelphia, PA 19176 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Campaign internet |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊢ | Date | Payso nama |
| | 04/17/2025 | Payee name Optimum |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$187.55 | P.O. Box 70340 |
| | Ψ107.55 | 1.0. 000 70040 |
| | | Phildelphia, PA 19176 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign internet |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Superiord to borront 0/01 | • |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 50/80 Rpt: 53/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date 05/17/2025 | 5 Payee name Optimum |
| 6 | Amount (\$) \$187.55 | 7 Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign internet |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 06/17/2025 | Payee name Optimum |
| | Amount (\$) \$187.55 | Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176 |
| | 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 Officeholder/campaign internet service |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/27/2025 | Payee name Palestine ISD Education Foundation |
| | Amount (\$) \$750.00 | Payee address; City; State; Zip Code 1007 E Park Avenue |
| | | Palestine, TX 75801 |
| | 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 Officeholder sponsorship for fundraiser |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cou

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 51/80 Rpt: 54/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/15/2025 | Pappadeaux #3 |
| 6 | Amount (\$) \$506.28 | 7 Payee address; City; State; Zip Code 6319 N I-35 |
| | DUDDOCE | Austin, TX 78752 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder & staff to discuss legislative issues |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/23/2025 | Quality Seafood Market |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$320.71 | 5621 Airport Blvd. |
| | | |
| | | Austin, TX 78751 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder staff to discuss issues |
| | | Officeriolider staff to discuss issues |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/12/2025 | Raconteur Media Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,000.00 | P. O. Box 26511 |
| | | Austin, TX 78755 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | LAI LIIDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Digital Strategy & Account Services |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 52/80 Rpt: 55/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 02/12/2025 | Raconteur Media Company |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$59.80 | P. O. Box 26511 |
| | | |
| | | Austin, TX 78755 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Campaign Blast Email Services |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| _ | | |
| | Date | Payee name |
| | 03/07/2025 | Raconteur Media Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,000.00 | P. O. Box 26511 |
| | | |
| | | Austin, TX 78755 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder/campaign digital strategy & account |
| | | services |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | David and the second se |
| | Date 03/07/2025 | Pagee name |
| | | Raconteur Media Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$59.80 | P. O. Box 26511 |
| | | |
| | | Austin, TX 78755 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder/campaign email blast services |
| | | Onicenduel/campaign email blast services |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 53/80 Rpt: 56/94 Nichols, Robert Lee (The Honorable) 00035962 4 Date Payee name 03/07/2025 Raconteur Media Company 6 Amount (\$) Payee address; City; State; Zip Code \$8,603.83 P. O. Box 26511 Austin, TX 78755 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder/campaign digital advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2025 Raconteur Media Company Amount (\$) Payee address; City; State; Zip Code \$2,000.00 P. O. Box 26511 Austin, TX 78755 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder/campaign Digital Strategy & Account Services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2025 Raconteur Media Company Amount (\$) Payee address: City: State; Zip Code \$60.00 P. O. Box 26511 Austin, TX 78755 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder/campaign Blast email services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | |
|---|--|--|--|
| | · | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 54/80 Rpt: 57/94 | Nichols, Robert Lee (The Honorable) 00035962 | |
| 4 | Date | 5 Payee name | |
| | 01/07/2025 | Raconteur Media Company | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$8,603.63 | P. O. Box 26511 | |
| | | | |
| | | Austin, TX 78755 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | - | Check if Austin, TX, officeholder living expense | |
| | | Officeholder/campaign digital advertising | |
| _ | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| L | | | |
| | Date | Payee name | |
| | 02/12/2025 | Raconteur Media Company | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$8,603.83 | P. O. Box 26511 | |
| | | | |
| | | Austin, TX 78755 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense | |
| | | Officeholder/campaign monthly digital advertising | |
| | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| L | | | |
| | Date | Payee name | |
| | 04/08/2025 | Raconteur Media Company | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$2,000.00 | P. O. Box 26511 | |
| | | | |
| | | Austin, TX 78755 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense | |
| | | Officeholder/campaign digital strategy & account services | |
| | Operation ONE V. C. P | | |
| | Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| | · | | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 55/80 Rpt: 58/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/08/2025 | Raconteur Media Company |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$8,603.83 | P. O. Box 26511 |
| | | |
| | | Austin, TX 78755 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder/campaign monthly digital advertising |
| | | Cinconductive an pargrithmentally digital activities ing |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| ┕ | | |
| | Date | Payee name |
| | 04/08/2025 | Raconteur Media Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$59.80 | P. O. Box 26511 |
| | | |
| | | Austin, TX 78755 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder - Sending of newsletter |
| | | Officeriolder - Schaling of newsletter |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| ⊨ | Date | Dayso nama |
| | 05/06/2025 | Payee name Raconteur Media Company |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,000.00 | P. O. Box 26511 |
| | | |
| | | Austin, TX 78755 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder-Campaign Digital Strategy & Account |
| | | Services |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| l | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| l | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: Sch: 56/80 Rpt: 59/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date 05/06/2025 | 5 Payee name Raconteur Media Company |
| 6 | Amount (\$) \$8,603.83 | 7 Payee address; City; State; Zip Code P. O. Box 26511 Austin, TX 78755 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/Campaign Monthly advertising |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 05/06/2025 | Payee name Raconteur Media Company |
| | Amount (\$) \$182.81 | Payee address; City; State; Zip Code P. O. Box 26511 Austin, TX 78755 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/Campaign Enewsletter sending |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 06/12/2025 | Payee name Raconteur Media Company |
| | Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code P. O. Box 26511 |
| | | Austin, TX 78755 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder/campaign Digital Strategy & Account Services |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 57/80 Rpt: 60/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 06/12/2025 | Raconteur Media Company |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$85.80 | P. O. Box 26511 |
| | | |
| | | Austin, TX 78755 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | | Check if Austin, TX, officeholder living expense Campaign monitor sending |
| | | Campaign monitor sending |
| Ļ | Commission ONII V if alice at | Constitute (Office healds a name of the constitute of the constitu |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | · | |
| | Date | Payee name |
| | 06/12/2025 | Raconteur Media Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$26.68 | P. O. Box 26511 |
| | | |
| | | Austin, TX 78755 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign mailjet |
| | | Sampagn manjet |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 02/07/2025 | Republican Women of Trinity County |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | P. O. Box 1916 |
| | | |
| | | Trinity, TX 75862 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | LAFENDITORE | Candidate/Officeholder/Political Committee |
| | | Officeholder sponsorship for event |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions? Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 58/80 Rpt: 61/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 06/24/2025 | Republican Women of Trinity County |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | P. O. Box 1916 |
| | | |
| | | Trinity, TX 75862 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee Campaign sponsorship |
| | | Campaign sponsorsing |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 02/12/2025 | Rives, Denise (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 4516 Triggs Trace |
| | | |
| | | Tyler, TX 75709 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee Campaign sponsorship for TFRW event |
| | | Campaign opened on the two over |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 01/27/2025 | Sierra-Ortega, Jonathan (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$270.72 | 6910 Hart #60 |
| | | |
| | | Austin, TX 78731 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| | | |
| | | |
| l | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 59/80 Rpt: 62/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 02/24/2025 | Sierra-Ortega, Jonathan (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$270.72 | 6910 Hart #60 |
| | | |
| | | Austin, TX 78731 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaign payron |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 03/24/2025 | Sierra-Ortega, Jonathan (Mr.) |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$270.72 | 6910 Hart #60 |
| | | |
| | | Austin, TX 78731 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaign payron |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 04/08/2025 | Sierra-Ortega, Jonathan (Mr.) |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$270.72 | 6910 Hart #60 |
| | | |
| | | Austin, TX 78731 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Services The Instruction | · | | Vages | /Contract Labor | | OTHER (enter | a category not listed ab | ove) |
|----------|--|---------------|---------------|---------------------------------------|----------------------|--------------|--------|-----------------|-------|----------------------|--------------------------|-------------|
| ╙ | | _ | | | Guide explain | is now to co | ilipie | te this form. | _ | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Commiss | ion Filers) |
| | Sch: 60/80 Rpt: 63/94 | | Nichols, Ro | bert Lee (The | Honorable) | | | | | 00035962 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/26/2025 | | | ga, Jonathan | (Mr.) | | | | | | | |
| Ļ | | _ | | | <u> </u> | | | | | | | |
| l۴ | Amount (\$) | ' | Payee addre | | Stat | te; Zip Co | ae | | | | | |
| | \$270.72 | | 6910 Hart | #60 | | | | | | | | |
| | | | | | | | | | | | | |
| l | | | Austin, TX | 78731 | | | | | | | | |
| 8 | PURPOSE | (a) | Category | ee Categories listed | | | (h) | Description | | | | |
| ľ | OF | (۳) | | ee Categories listed ages/Contract | | scnedule) | (~) | | outsi | ide of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | Salaries/ VV | ages/Contract | Laboi | | | | | , officeholder livin | | |
| | | | | | | | | Campaign pa | ayro | oll | | |
| | | | | | | | | | • | | | |
| 9 | Complete ONLY if direct | | Candidata/Off | iceholder name | | Office cou | abt | | | Office h | old | |
| ľ | Complete ONLY if direct expenditure to benefit C/OI | | Januluale/On | icendidei name | | Office sou | gni | | | Office I | leiu | |
| L | <u>'</u> | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/24/2025 | | Sierra-Orte | ga, Jonathan | (Mr.) | | | | | | | |
| H | Amount (\$) | | Payee addre | ss; City; | Stat | te; Zip Co | de | | | | | |
| | \$270.72 | | 6910 Hart | #60 | | | | | | | | |
| | Ψ210.112 | | 001011411 | | | | | | | | | |
| | | | | | | | | | | | | |
| L | | | Austin, TX | 78731 | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories listed | at the top of this s | schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wa | ages/Contract | Labor | | | = | | | nplete Schedule T. | |
| | EXI ENDITORE | | | | | | | ш | | , officeholder livin | g expense | |
| | | | | | | | | Campaign pa | ayro | oii expense | | |
| L | | | | | | | | | | | | |
| l | Complete ONLY if direct | | Candidate/Off | iceholder name | | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| F | Date | | Payee name | | | | | | | | | |
| | 01/01/2025 | | Sir Speedy | | | | | | | | | |
| | | | | | 01-1 | 7:- 0- | -1- | | | | | |
| | Amount (\$) | | Payee addre | | | te; Zip Co | ae | | | | | |
| | \$262.69 | | 1320 Arrow | Point Dr.,Bld | g. 4, Ste 410 | U | | | | | | |
| | | | | | | | | | | | | |
| | | | Cedar Park | , TX 78613 | | | | | | | | |
| Г | PURPOSE | (a) | Category | ee Categories listed | at the top of this s | chedule) | (b) | Description | | | | |
| l | OF | l` <i>′</i> | | head/Rental I | | icricuuic) | ` , | | outsi | ide of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | 011100 0101 | noad, nona. | znponoo | | | Check if Austin | , TX | , officeholder livin | g expense | |
| | | | | | | | | Officeholder | prir | nted materia | als | |
| | | | | | | | | | | | | |
| \vdash | Complete ONLY if direct | | Candidate/Off | iceholder name | | Office sou | aht | | | Office h | eld | |
| l | expenditure to benefit C/OI | | | | | 220 000 | J | | | 355 | | |
| \vdash | | | | | | | | | | | | |
| l | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 61/80 Rpt: 64/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/27/2025 | Slaton, Michele (Ms.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$877.60 | 1835 Byrd |
| | | |
| | | Jacksonville, TX 75766 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaigh payroll |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | |
| _ | | |
| | Date | Payee name |
| | 02/24/2025 | Slaton, Michele (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$877.60 | 1835 Byrd |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaigh payroll |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| _ | Data | |
| | Date | Payee name |
| | 03/24/2025 | Slaton, Michele (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$877.60 | 1835 Byrd |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Campaign payroll |
| | | Campaigh payroll |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 62/80 Rpt: 65/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 04/08/2025 | Slaton, Michele (Ms.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$877.60 | 1835 Byrd |
| | | |
| | | Jacksonville, TX 75766 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Campaign payroll |
| | | Campaigh payroll |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | |
| L | | |
| | Date | Payee name |
| | 05/26/2025 | Slaton, Michele (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$877.60 | 1835 Byrd |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expenses. |
| | | Campaign payroll |
| | | Campaigh payroll |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | o |
| | D : | |
| | Date | Payee name |
| | 06/24/2025 | Slaton, Michele (Ms.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$877.60 | 1835 Byrd |
| | | |
| | | Jacksonville, TX 75766 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll expense |
| | 0 1. 0 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: Sch: 63/80 Rpt: 66/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | <u> </u> | 5 Payee name Spaw Senate Account |
| 6 | Amount (\$) \$1,100.00 | 7 Payee address; City; State; Zip Code P. O.Box 12068 Austin, TX 78711 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder lounge fee for session |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 01/27/2025 | Payee name Spaw Senate Account |
| | Amount (\$) \$125.00 | Payee address; City; State; Zip Code P. O.Box 12068 |
| | PURPOSE OF EXPENDITURE | Austin, TX 78711 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder committee coffee fund |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 01/27/2025 | Payee name Spaw Senate Account |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code P. O.Box 12068 |
| | | Austin, TX 78711 |
| | 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 Officeholder incidentals |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
|---|--|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 64/80 Rpt: 67/94 | Nichols, Robert Lee (The Honorable) 00035962 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 04/18/2025 | Spaw Senate Account | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$165.00 | P. O.Box 12068 | | | | |
| | | | | | | |
| | | Austin, TX 78711 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Officeholder portion gifts for Lt Gov& Staff | | | | |
| | | Cilicentities portion gires for Lt Cova Stan | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | | | | | |
| H | Date | Payee name | | | | |
| | 05/02/2025 | Spaw Senate Account | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$361.25 | P. O.Box 12068 | | | | |
| | | | | | | |
| | | Austin, TX 78711 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Officeholder end of session gifts | | | | |
| | | Cincertolade and at 36331611 gills | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OH | | | | | |
| | Date | Payee name | | | | |
| | 03/24/2025 | Storage Center - Jacksonville | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$390.00 | 1300 E. Pine St. | | | | |
| | φ390.00 | 1300 E. Fille St. | | | | |
| | | Jacksonville, TX 75766 | | | | |
| _ | PURPOSE | I | | | | |
| | OF | (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. | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | |
| | | Campaign qtly storage facility | | | | |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | 1 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Cabadula F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 | Total pages Schedule F1: Sch: 65/80 Rpt: 68/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date | 5 Payee name |
| | 06/20/2025 | Storage Center - Jacksonville |
| 6 | Amount (\$) \$390.00 | 7 Payee address; City; State; Zip Code 1300 E. Pine St. |
| | | Jacksonville, TX 75766 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | 2/11/21/01/12 | Check if Austin, TX, officeholder living expense |
| | | Campaign storage qtrly rental |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/24/2025 | Texas Federation of Republican Women PAC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,500.00 | P.O. Box 171146 |
| | | |
| | | Austin, TX 78717 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | Campaign sponsorship |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/26/2025 | Texas Workforce Commission |
| L | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$127.75 | P. O. Box 149037 |
| | | |
| | | Austin, TX 78714 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll expense |
| | | |
| Т | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |
| ı | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 66/80 Rpt: 69/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date 06/24/2025 | 5 Payee name Texas Workforce Commission |
| 6 | Amount (\$) \$43.65 | 7 Payee address; City; State; Zip Code P. O. Box 149037 |
| 8 | PURPOSE OF EXPENDITURE | Austin, TX 78714 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll 2nd qtr expense |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/13/2025 | Payee name The Austin Club |
| | Amount (\$) \$471.80 | Payee address; City; State; Zip Code 110 E. 9th St. |
| | PURPOSE OF EXPENDITURE | Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder staff meeting to discuss session |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | Date 03/17/2025 | Payee name The Austin Club |
| | Amount (\$) \$632.76 | Payee address; City; State; Zip Code 110 E. 9th St. |
| | | Austin, TX 78701 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder & staff to discuss issues |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|---|--|
| 1 | Total pages Schedule F1: Sch: 67/80 Rpt: 70/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date 06/05/2025 | 5 Payee name The Flower Shop | |
| 6 | Amount (\$) \$167.79 | 7 Payee address; City; State; Zip Code 1734 Crockett Road | |
| 8 | PURPOSE OF EXPENDITURE | Check if Aus | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense r memorial for legislators mother |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H | Office held |
| | Date 01/27/2025 | Payee name The Shoal | |
| | Amount (\$) \$1,282.70 | Payee address; City; State; Zip Code 827 W. 12th St. Austin, TX 78701 | |
| | PURPOSE OF EXPENDITURE | X Check if Aus | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense r apartment rent |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date 02/28/2025 | Payee name The Shoal | |
| | Amount (\$) \$2,217.34 | Payee address; City; State; Zip Code 827 W. 12th St. Austin, TX 78701 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Rent (b) Description Check if trav. Check if Aus | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense r apartment rent |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 68/80 Rpt: 71/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 03/31/2025 | The Shoal |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$4,541.04 | 827 W. 12th St. |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Rent Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder apartment rent for two months |
| | | Cinceriolder apartificity for two months |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| \vdash | Date | Payee name |
| | 06/10/2025 | The Shoal |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,129.59 | 827 W. 12th St. |
| | Φ2,129.59 | 627 W. 12til St. |
| | | A (1) TV T0T04 |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Rent Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense |
| | | Officeholder apartment rent |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 02/12/2025 | Tyler County Booster |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$520.00 | 205 W. Bluff St |
| | Ψ020.00 | 200 W. Bidii Ot |
| | | Woodville, TX 75979 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Officeholder/campaign advertising |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this | s form. | | |
|---|---|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 69/80 Rpt: 72/94 | Nichols, Robert Lee (The Honorable) | 00035962 | | |
| 4 | Date | 5 Payee name | | | |
| | 05/06/2025 | Tyler County Booster | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$520.00 | 205 W. Bluff St | | | |
| | | | | | |
| | | Woodville, TX 75979 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Desc | ription | | |
| | OF EXPENDITURE | Advertising Expense | heck if travel outside of Texas. Complete Schedule T. | | |
| | | , | heck if Austin, TX, officeholder living expense ceholder/campaign Spring magazine advertising | | |
| | | - Onic | enoluci/campaign opinig magazine advertising | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| 9 | expenditure to benefit C/O | | Office field | | |
| _ | | T | | | |
| | Date | Payee name | | | |
| | 01/06/2025 | U.S. Postal Service Jville | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$292.00 | 400 W. Rusk | | | |
| | | | | | |
| | | Jacksonville, TX 75766 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Desc | • | | |
| | OF EXPENDITURE | T Office Overhead/Nertial Expense | heck if travel outside of Texas. Complete Schedule T. | | |
| | | , | heck if Austin, TX, officeholder living expense ceholder Jacksonville Dist. Office postage | | |
| | | | enough dadksonville bist. Office postage | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | |
| | | T | | | |
| | Date | Payee name | | | |
| | 02/04/2025 | U.S. Postal Service Jville | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$9.60 | 400 W. Rusk | | | |
| | | | | | |
| | | Jacksonville, TX 75766 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Desc | ription | | |
| | OF EXPENDITURE | Onice Overneau/Nental Expense | heck if travel outside of Texas. Complete Schedule T. | | |
| | | | heck if Austin, TX, officeholder living expense | | |
| | | Offic | ceholder - Jacksonville Dist. Office postage | | |
| | 0 1: 0 1: 0 | | 0" - 1 - 1 | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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)

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 70/80 Rpt: 73/94 | Nichols, Robert Lee (The Honorable) | 00035962 |
| 4 | Date | 5 Payee name | <u>'</u> |
| | 02/07/2025 | U.S. Postal Service Jville | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$15.25 | 400 W. Rusk | |
| | | | |
| | | Jacksonville, TX 75766 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Campaign postage |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/Ol | | Office field |
| _ | Data | | |
| | Date 02/14/2025 | Payee name U.S. Postal Service Jville | |
| | | | |
| | Amount (\$) \$83.50 | Payee address; City; State; Zip Code 400 W. Rusk | |
| | Φ03.50 | 400 W. Rusk | |
| | | leakean illa TV 75700 | |
| | | Jacksonville, TX 75766 | |
| | PURPOSE OF | · · · · · · · · · · · · · · · · · · · | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense | Check if Austin, TX, officeholder living expense |
| | | | Officeholder/campaign postage |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/Ol | 4 | |
| | Date | Payee name | |
| | 03/10/2025 | U.S. Postal Service Jville | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$9.70 | 400 W. Rusk | |
| | | | |
| | | Jacksonville, TX 75766 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Officeholder postage expense |
| | Complete ONLY if alias -t | Condidate/Officeholder name | Office hald |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 71/80 Rpt: 74/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 01/28/2025 | U.S. Treasury |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$464.37 | Internal Revenue Service |
| | | |
| | | Ogden, UT 84201 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Campaign payroll expenses |
| | | Campaign payron expenses |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/OI | |
| \vdash | Dete | |
| | Date | Payee name |
| | 01/28/2025 | U.S. Treasury |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5,234.50 | Internal Revenue Service |
| | | |
| | | Ogden, UT 84201 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign payroll expenses |
| | | Sampaight payroll expenses |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Date | Dougo nama |
| | 02/25/2025 | Payee name U.S. Treasury |
| _ | | - |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5,234.50 | Internal Revenue Service |
| | | |
| L | | Ogden, UT 84201 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Campaign payroll expense |
| | | Campaign payroll expense |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| - | | · · · · · · · · · · · · · · · · · · · |
| 1 | Total pages Schedule F1: Sch: 72/80 Rpt: 75/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date | 5 Payee name |
| | 03/25/2025 | U.S. Treasury |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5,324.50 | Internal Revenue Service |
| | | |
| | | Onder: UT 04004 |
| | | Ogden, UT 84201 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LAFLINDITORL | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll expense |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| _ | Data | Para mana |
| | Date | Payee name |
| | 04/09/2025 | U.S. Treasury |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4,475.50 | Internal Revenue Service |
| | | |
| | | Onder: UT 04004 |
| | | Ogden, UT 84201 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll expense |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| H | Data | Pausa nama |
| | Date | Payee name |
| L | 05/28/2025 | U.S. Treasury |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4,475.50 | Internal Revenue Service |
| | | |
| | | Ogden, UT 84201 |
| | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | - | Check if Austin, TX, officeholder living expense |
| | | Campaign payroll expense |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 73/80 Rpt: 76/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 06/24/2025 | U.S. Treasury |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$4,475.50 | Internal Revenue Service |
| | | |
| | | Ogden, UT 84201 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign payroll expense |
| | | Campaign payron expense |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/07/2025 | WP Engine Hosting |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 504 Lavaca, Ste. 1000 |
| | | |
| | | Austin, TX 75801 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign annual web hosting |
| | | Sampaigh aimadi web nosting |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | Date | Payee name |
| | 01/11/2025 | Wall Street Journal |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$54.11 | 1211 Ave of the Americas |
| | Ψ54.11 | 1211 Ave of the Americas |
| | | New York, NY 10036 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Officeholder monthly subscription |
| | Commission ONU Wife allows | Condidate/Officeholder name Office county |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | | |
|---|--|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 74/80 Rpt: 77/94 | Nichols, Robert Lee (The Honorable) 00035962 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 02/08/2025 | Wall Street Journal | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$54.11 | 1211 Ave of the Americas | | | | | | |
| | | | | | | | | |
| | | New York, NY 10036 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Check if Austin, TX, officeholder living expense Officeholder monthly subscription | | | | | | |
| | | Chiecholder Horitally Subscription | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| 9 | expenditure to benefit C/O | | | | | | | |
| _ | <u> </u> | | | | | | | |
| | Date | Payee name | | | | | | |
| | 03/08/2025 | Wall Street Journal | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$54.11 | 1211 Ave of the Americas | | | | | | |
| | | | | | | | | |
| | | New York, NY 10036 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Check if Austin, TX, officeholder living expense Officeholder newspaper expense | | | | | | |
| | | Officeriolder Hewspaper expense | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| | D . | | | | | | | |
| | Date | Payee name | | | | | | |
| | 04/05/2025 | Wall Street Journal | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$54.11 | 1211 Ave of the Americas | | | | | | |
| | | | | | | | | |
| | | New York, NY 10036 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | |
| | | Officeholder newspaper subscription | | | | | | |
| _ | Operation ONE VIII II | Open Highest (Office health are nown) | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con-

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 75/80 Rpt: 78/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 05/03/2025 | Wall Street Journal |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$54.11 | 1211 Ave of the Americas |
| | | |
| | | New York, NY 10036 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder newspaper subscription |
| | | Cincertolada Noviopapor dazeonpaeri |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| — | Data | |
| | Date | Payee name |
| | 05/31/2025 | Wall Street Journal |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$54.11 | 1211 Ave of the Americas |
| | | |
| | | New York, NY 10036 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder subscription |
| | | Officeriolder Subscription |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 06/30/2025 | Wall Street Journal |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$54.11 | 1211 Ave of the Americas |
| | | |
| | | New York, NY 10036 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Officeholder subscription |
| | Complete ONLY if allowers | Condidate/Officeholder name |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|---|
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 76/80 Rpt: 79/94 | · · · · · · · · · · · · · · · · · · · | 00035962 |
| 4 | Date 01/03/2025 | 5 Payee name Westbrooks Car Care Center | |
| - | | | |
| 6 | Amount (\$) \$47.50 | 7 Payee address; City; State; Zip Code 1001 E. Rusk | |
| | 411.00 | 1997 E. Masik | |
| | | Jacksonville, TX 75766 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel In District Check if travel | l outside of Texas. Complete Schedule T. |
| | | 1 | n, TX, officeholder living expense fuel to travel to events |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O |)H | |
| | Date | Payee name | |
| | 03/08/2025 | Westbrooks Car Care Center | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$65.50 | 1001 E. Rusk | |
| | | 10.1 com 20. TV 75700 | |
| | DUDDOCE. | Jacksonville, TX 75766 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel | l outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin | n, TX, officeholder living expense |
| | | Officeholder | fuel to travel to meetings |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Office Held |
| ┝ | Date | Payee name | |
| | 04/18/2025 | Westbrooks Car Care Center | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$86.34 | 1001 E. Rusk | |
| | | | |
| | | Jacksonville, TX 75766 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | I outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Transportation Equipment And Related | n, TX, officeholder living expense |
| | | · · · · · · · · · · · · · · · · · · · | ehicle maintenance |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| | experience to soften s.c. | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

| l | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: Sch: 77/80 Rpt: 80/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date 04/11/2025 | 5 Payee name Westbrooks Car Care Center |
| 6 | Amount (\$) \$63.00 | 7 Payee address; City; State; Zip Code 1001 E. Rusk Jacksonville, TX 75766 |
| 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 Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 06/06/2025 | Payee name Westbrooks Car Care Center |
| | Amount (\$) \$47.00 | Payee address; City; State; Zip Code 1001 E. Rusk Jacksonville, TX 75766 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 06/12/2025 | Payee name Westbrooks Car Care Center |
| | Amount (\$) \$64.66 | Payee address; City; State; Zip Code 1001 E. Rusk |
| | | Jacksonville, TX 75766 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | , | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Ĺ | Sch: 78/80 Rpt: 81/94 | Nichols, Robert Lee (The Honorable) | 00035962 | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 06/26/2025 | Westbrooks Car Care Center | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$53.00 | 1001 E. Rusk | | | | | | |
| | | | | | | | | |
| | | Jacksonville, TX 75766 | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Travel in District | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | | | | | |
| | | | Ider fuel to travel to meetings | | | | | |
| | | | 3- | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | |
| \vdash | Dete | | | | | | | |
| | Date | Payee name | | | | | | |
| dash | 01/07/2025 | Zoom Video Communications, Inc. | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$34.09 | 55 Alamaden Blvd., 6th Floor | | | | | | |
| | | | | | | | | |
| | | San Jose, CA 95113 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Office Overficad/Nertial Expense | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | | | | | |
| | | | lder zoom service | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | | |
| F | Date | Payee name | | | | | | |
| | 02/07/2025 | Zoom Video Communications, Inc. | | | | | | |
| T | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$34.09 | 55 Alamaden Blvd., 6th Floor | | | | | | |
| | | | | | | | | |
| L | | San Jose, CA 95113 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Onice Overneau/Nerital Expense | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | | | | | |
| | | | Ider zoom service | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|----------|--|--|
| | | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: | |
| | Sch: 79/80 Rpt: 82/94 | Nichols, Robert Lee (The Honorable) 00035962 |
| 4 | Date | 5 Payee name |
| | 03/07/2025 | Zoom Video Communications, Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$34.09 | 55 Alamaden Blvd., 6th Floor |
| | | |
| | | San Jose, CA 95113 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Officeholder zoom expense |
| | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 04/07/2025 | Zoom Video Communications, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$34.09 | 55 Alamaden Blvd., 6th Floor |
| | | |
| | | San Jose, CA 95113 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Officeholder zoom expense |
| | | Officeriolider 200m experise |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 05/07/2025 | Zoom Video Communications, Inc. |
| \vdash | Amount (\$) | Payee address; City; State; Zip Code |
| | \$34.09 | 55 Alamaden Blvd., 6th Floor |
| | \$34.09 | 33 Alamaden Bivd., oth Floor |
| | | Son Jose CA 0F112 |
| | | San Jose, CA 95113 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Officeholder Zoom expense |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | ı - I Co | nmittee | Gift/Awards/Memorials Legal Services The Instruction Gu | | | oense ages/Contract Lab | | Travel Out of Dis OTHER (enter a | strict category not listed above) | |
|---|--|-------------|---------------|---|-----------|-------------|----------------------------|---|---|--------------------------------------|--------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | <u> </u> | | | | 3 | Filer ID | (Ethics Commission Filers) | \neg |
| | Sch: 80/80 Rpt: 83/94 | | | bert Lee (The H | onorable) | | | | 00035962 | , | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/07/2025 | | | o Communicatio | ns, Inc. | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | | | ; Zip Coo | le | | | | |
| | \$36.23 | | 55 Alamade | en Blvd., 6th Flo | or | | | | | | |
| | | | | | | | | | | | |
| | | | San Jose, C | CA 95113 | | | | | | | |
| 8 | PURPOSE OF | (a) | | ee Categories listed at t | | nedule) | (b) Description | | | | |
| | EXPENDITURE | | Office Over | head/Rental Exp | ense | | | | de of Texas. Com officeholder living | | |
| | | | | | | | | | m expense | ехрепзе | |
| | | | | | | | 55 | | одрогоо | | |
| 9 | Complete ONLY if direct | | Candidate/Off | iceholder name | (| Office soug | ht | | Office he | eld | _ |
| | expenditure to benefit C/OI | H | | | | | | | | | |
| | | | | | | | | | | | \neg |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment | | | Fees Office Overnead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Frinting Expense Salaries/Wages/Contract Labor | | | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
|--|---|--------------------------|---|------------------|---------------------------|--|---|--|
| L | Creak Sara r aymont | | The Instruction Guide explains | how to co | omplete this form. | _ | | |
| 1 | Total pages Schedule G: | 2 FILER NAM | E | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 1/10 Rpt: 84/94 | Nichols, Ro | bert Lee (The Honorable) | | | | 00035962 | |
| 4 | Date | 5 Payee name | <u> </u> | | | | | |
| | 01/31/2025 | Cefco # 11 | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State | e; Zip Co | ode | | | |
| | \$20.00 | 319 Larissa | a | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | | e, TX 75766 | | T — | | | |
| 8 | PURPOSE OF | ` ' ' ' | See Categories listed at the top of this sch | hedule) | (b) Description | = | eck if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Travel In D | istrict | | L | | eck if Austin, TX, officeholder living expense | |
| | | | | | Officeholder fuel | to ti | ravel to meetings | |
| | | | | | | | | |
| 9 | expenditure to benefit | Candidate/Office | holder name | | Office sought | | Office held | |
| | C/OH | | | | | | | |
| | Date | Payee name | 1 | | | | | |
| | 01/27/2025 | Center Poi | | | | | | |
| \vdash | Amount (\$) | Payee addre | | e; Zip Co | ode | | | |
| \$38.00 P.O. Box 4981 | | | | | | | | |
| | | 1.01.50% | | | | | | |
| | Reimbursement from political contributions intended Houston, TX 77252 | | | | | | | |
| \vdash | PURPOSE | _ | | podulo) | Description | 7 Ch | neck if travel outside of Texas. Complete Schedule T. | |
| | OF | Category (S Utiliites | See Categories listed at the top of this sch | neuule) | | = | neck if Austin, TX, officeholder living expense | |
| | EXPENDITURE | | | Jacksonville cam | campaign office utilities | | | |
| | | | | | Caonochivino odini | .pai | g 555 danie55 | |
| \vdash | Complete ONLY if direct | Candidate/Office | holder name | | Office sought | | Office held | |
| | expenditure to benefit | -analauto/Onice | | | Omoc Sought | | Cinde field | |
| L | C/OH | | | | | | | |
| | Date | Payee name | | | | | | |
| | 02/24/2025 | Center Poi | | | | | | |
| \vdash | Amount (\$) | Payee addre | ess; City; State | e; Zip Co | ode | | | |
| | \$38.00 | P.O. Box 4 | • | | | | | |
| | Reimbursement from | | | | | | | |
| | x political contributions intended | Houston, T | X 77252 | | | | | |
| | PURPOSE | Category (s | See Categories listed at the top of this sch | hedule) | Description | Ch | neck if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE | Utiliites | | | | Ch | eck if Austin, TX, officeholder living expense | |
| | LAFLINDITORE | | | | Jacksonville cam | npaig | gn office utilities | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit | Candidate/Office | holder name | | Office sought | | Office held | |
| | C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expens mmittee Legal Services Salaries/Wage | se Travel Out of District s/Contract Labor OTHER (enter a category not listed above) | | | | | |
|---|---|---|---|--|--|--|--|--|
| | oroun oura'r aymoni | The Instruction Guide explains how to comp | ete this form. | | | | | |
| 1 | Total pages Schedule G: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 2/10 Rpt: 85/94 | Nichols, Robert Lee (The Honorable) | 00035962 | | | | | |
| 4 | Date | Payee name | <u>'</u> | | | | | |
| | 03/24/2025 | Center Point Energy | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$38.00 | P.O. Box 4981 | | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Houston, TX 77252 | | | | | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule) (b) | Description | | | | | |
| | OF EXPENDITURE | Utilities | Check if Austin, TX, officeholder living expense | | | | | |
| | EXPENDITORE | Ja | cksonville campaign office utilities | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | ndidate/Officeholder name | Office sought Office held | | | | | |
| | expenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |
| | Date | Payee name | | | | | | |
| | 04/08/2025 | Center Point Energy | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$38.00 | P.O. Box 4981 | | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Houston, TX 77252 | | | | | | |
| | PURPOSE | | Description | | | | | |
| | OF | Category (See Categories listed at the top of this schedule) Utilities | Check if Austin, TX, officeholder living expense | | | | | |
| | EXPENDITURE | | cksonville campaign office utilities | | | | | |
| | | | oksorrvine campaign office damaes | | | | | |
| _ | Complete ONLY if direct | ndidate/Officeholder name | Office sought Office held | | | | | |
| | expenditure to benefit | ndidate/Officerolder flame | Office Sought Office Held | | | | | |
| | C/OH | | | | | | | |
| | Date | Payee name | | | | | | |
| | 05/27/2025 | Center Point Energy | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$38.00 | P.O. Box 4981 | | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Houston, TX 77252 | | | | | | |
| H | PURPOSE | Category (See Categories listed at the top of this schedule) | Description Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | OF | Utilities | Check if Austin, TX, officeholder living expense | | | | | |
| | EXPENDITURE | | cksonville campaign office utilities | | | | | |
| | | | • - | | | | | |
| | Complete ONLY if direct | ndidate/Officeholder name | Office sought Office held | | | | | |
| | expenditure to benefit | | 555 11010 | | | | | |
| L | C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Ex Printing E: Salaries/V | kpense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|-----|---|---|--------------------------------|-----|---|
| _ | Total pages Cabadula Ci | 1- | · | | | 2 | Filer ID (Ethico Commission Filers) |
| 1 | Total pages Schedule G: Sch: 3/10 Rpt: 86/94 | 2 | FILER NAME Nichols, Robert Lee (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00035962 |
| 4 | Date | 5 | Payee name | | | | |
| | 06/24/2025 | | Center Point Energy | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | de | | |
| | \$38.00 | | P.O. Box 4981 | | | | |
| | Reimbursement from political contributions intended | | Houston, TX 77252 | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sched | dule) | (b) Description | Cł | neck if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | Cł | neck if Austin, TX, officeholder living expense |
| | EXPENDITORE | | | | Jacksonville Can | пра | ign office utilities |
| Ļ | | Ļ | N. 1. 1255 | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Car | didate/Officeholder name | | Office sought | | Office held |
| | Date | | Payee name | | | | |
| | 01/27/2025 | | City of Jacksonville | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | |
| | \$45.75 | | P. O. Box 1390 | | | | |
| | Reimbursement from political contributions intended | | Jacksonville, TX 75766 | | | | |
| | PURPOSE | | Category (See Categories listed at the top of this sched | dule) | Description | Cr | neck if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | | Utilities | | | Cł | neck if Austin, TX, officeholder living expense |
| | | | | | Jacksonville cam | pai | gn office utilities |
| | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Car | didate/Officeholder name | | Office sought | | Office held |
| | Date | П | Payee name | | | | |
| | 02/24/2025 | | City of Jacksonville | | | | |
| | Amount (\$) | T | Payee address; City; State; | Zip Co | de | | |
| | \$45.75 | | P. O. Box 1390 | | | | |
| | Reimbursement from | | | | | | |
| | X political contributions intended | | Jacksonville, TX 75766 | | | | |
| | PURPOSE | | Category (See Categories listed at the top of this sched | dule) | Description | _ | neck if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | | Utilities | | | _ | neck if Austin, TX, officeholder living expense |
| | - | | | | Jacksonville cam | pai | gn office utilities |
| | Complete ONLY if direct | Car | ndidate/Officeholder name | | Office sought | | Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Car | ididate/Officeriolder Haffle | | Office sought | | Office field |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex Printing E: Salaries/V | xpense Vages/Contract Labor | | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
|----------|---|--------------------------------------|---|---|--|-------|--|--|
| L | 2.3ac sara : aymon | | The Instruction Guide explains | how to co | mplete this form. | | | |
| 1 | Total pages Schedule G: | 2 FILER NAM | | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 4/10 Rpt: 87/94 | Nichols, Ro | obert Lee (The Honorable) | | | | 00035962 | |
| 4 | Date | 5 Payee name |) | | | | | |
| | 03/24/2025 | City of Jacl | ksonville | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State; | Zip Co | ode | | | |
| | \$45.75 | P. O. Box 1 | 1390 | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Jacksonvill | e, TX 75766 | | _ | _ | | |
| 8 | PURPOSE OF | ` ' ' ' | See Categories listed at the top of this scho | edule) | (b) Description | = | eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense | |
| | EXPENDITURE | Utilities | | | Lacksonville | _ | | |
| | | | | | Jacksonville cam | ıµal(| gn onice dunites | |
| 9 | Complete ONLY if direct | Candidate/Office | sholder name | | Office sought | | Office held | |
| 9 | expenditure to benefit | Canuluale/Onice | HOIDEL HAITE | | Onice Sougill | | Office field | |
| L | C/OH | | | | | | | |
| | Date | Payee name |) | | <u> </u> | | | |
| | 04/08/2025 | City of Jacl | ksonville | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$45.75 | P. O. Box 1390 | | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Jacksonvill | e, TX 75766 | | | | | |
| | PURPOSE | Category (s | See Categories listed at the top of this sch | edule) | Description [| Ch | eck if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE | Utilities | | | | _ | eck if Austin, TX, officeholder living expense | |
| | | | | | Jacksonville cam | npai | gn office utilities | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit | Candidate/Office | holder name | | Office sought | | Office held | |
| | C/OH | | | | | | | |
| H | Date | Payee name | 1 | | | | | |
| | 05/27/2025 | City of Jacl | | | | | | |
| \vdash | Amount (\$) | Payee addre | | Zip Co | ode | | | |
| | \$45.75 | P. O. Box 1 | | _,, 50 | | | | |
| | Reimbursement from | | | | | | | |
| | y political contributions intended | Jacksonvill | e, TX 75766 | | | | | |
| | PURPOSE | Category (S | See Categories listed at the top of this scho | edule) | Description | _ | eck if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE | Utilities | | | L | _ | eck if Austin, TX, officeholder living expense | |
| | | | | | Jacksonville cam | ıpaıç | gn office utilities | |
| | Complete ONLY if direct | <u> </u> Candidate/Office | holder name | | Office sought | | Office held | |
| | expenditure to benefit C/OH | | | | , and the second | | | |
| _ | CION | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - Food/Beverage Expense F Gift/Awards/Memorials Expense F al Committee Legal Services S | Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
|---|--|---|--|---|--|--|--|--|
| | | The Instruction Guide explains ho | w to complete this form. | | | | | |
| 1 | Total pages Schedule G: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 5/10 Rpt: 88/94 | Nichols, Robert Lee (The Honorable) | | 00035962 | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 06/24/2025 | City of Jacksonville | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; | Zip Code | | | | | |
| | \$45.75 | P. O. Box 1390 | F | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Jacksonville, TX 75766 | | | | | | |
| | | | | _ | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule | ule) (b) Description | Check if Avetin TV, officeholder living synapses | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense | L | Check if Austin, TX, officeholder living expense | | | | |
| | | | Jacksonville Can | npaign office utilities | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit | Candidate/Officeholder name | Office sought | Office held | | | | |
| | C/OH | | | | | | | |
| | Data | Τ _ | | | | | | |
| | Date | Payee name | | | | | | |
| | 02/02/2025 | Mudd Creek | | | | | | |
| | Amount (\$) | nt (\$) Payee address; City; State; Zip Code | | | | | | |
| | \$53.44 | 1870 W. US Hwy 79 | | | | | | |
| | Reimbursement from political contributions | | | | | | | |
| | X political contributions intended | Franklin, TX 77856 | | | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedu | ule) Description | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | OF EXPENDITURE | Travel Out of District | | Check if Austin, TX, officeholder living expense | | | | |
| | EXI ENDITORE | | Officeholder fuel | to travel to meetings | | | | |
| | | | | | | | | |
| | | Candidate/Officeholder name | Office sought | Office held | | | | |
| | expenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |
| | Date | Payee name | | | | | | |
| | 05/04/2025 | Mudd Creek | | | | | | |
| | Amount (\$) | Payee address; City; State; | Zip Code | | | | | |
| | \$56.56 | 1870 W. US Hwy 79 | | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Franklin, TX 77856 | | | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedu | ule) Description | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | OF | Travel Out of District | | Check if Austin, TX, officeholder living expense | | | | |
| | EXPENDITURE | | Officeholder fuel | to travel to meetings | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | | |
| | expenditure to benefit | | | | | | | |
| | C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| | Consulting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex Printing E Salaries/V | xpense Vages/Contract Labor | | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
|---|--|-------------------------|---|--|--------------------------------|-------------|--|--|
| L | <u> </u> | | The Instruction Guide explains | now to co | omplete this form. | | | |
| 1 | Total pages Schedule G: | 2 FILER NAM | | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 6/10 Rpt: 89/94 | Nichols, Ro | obert Lee (The Honorable) | | | | 00035962 | |
| 4 | Date | 5 Payee name |) | | | | | |
| | 01/27/2025 | Optimum | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State; | Zip Co | ode | | | |
| | \$161.00 | P.O. Box 7 | 0340 | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Phildelphia | , PA 19176 | | | | | |
| 8 | PURPOSE | (a) Category (s | See Categories listed at the top of this sch | edule) | (b) Description | = | neck if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE | Internet | | | | _ | eck if Austin, TX, officeholder living expense | |
| | | | | | Jacksonville cam | npai | gn office internet | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Office | holder name | | Office sought | | Office held | |
| | | T | | | | | | |
| | Date | Payee name |) | | | | | |
| | 02/24/2025 | Optimum | | | | | | |
| | Amount (\$) | Payee addre | ess; City; State; | Zip Co | ode | | | |
| | \$161.00 | \$161.00 P.O. Box 70340 | | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Phildelphia | , PA 19176 | | | | | |
| _ | PURPOSE | _ | See Categories listed at the top of this sche | edule) | Description | 7 Ch | neck if travel outside of Texas. Complete Schedule T. | |
| | OF | Internet | see salegories isted at the top of this SUR | oduio) | | = | eck if Austin, TX, officeholder living expense | |
| | EXPENDITURE | miemei | | | Jacksonville cam | — npaid | an office internet | |
| | | | | | | رامحرا | <u> </u> | |
| _ | Complete ONLY if direct | Candidate/Office | cholder name | | Office sought | | Office held | |
| | expenditure to benefit | | molaci name | | Omec sought | | Office field | |
| L | C/OH | | | | | | | |
| Т | Date | Payee name | <u> </u> | | | | | |
| | 03/24/2025 | Optimum | | | | | | |
| _ | Amount (\$) | Payee addre | ess; City; State; | Zip Co | nde | | | |
| | \$161.00 | Payee addre | • | Zip CC | Jue | | | |
| | \$101.00 | F.O. BOX / | U3 4 U | | | | | |
| | Reimbursement from political contributions intended | Phildelphia | , PA 19176 | | | | | |
| | PURPOSE | Category (S | See Categories listed at the top of this sch | edule) | Description | Ch | neck if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE | Internet | | | | Ch | eck if Austin, TX, officeholder living expense | |
| | LAFLINDITURE | | | | Jacksonville cam | npai | gn office internet | |
| | | | | | | | | |
| | | L Candidate/Office | holder name | | Office sought | | Office held | |
| | expenditure to benefit C/OH | | | | | | | |
| _ | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing al Committee Legal Services Salaries | Overhead/Rental Expense Expense Expense s/Wages/Contract Labor | 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 G: | 2 FILER NAME | (| B Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 7/10 Rpt: 90/94 | Nichols, Robert Lee (The Honorable) | | 00035962 | | | | |
| 4 | Date | 5 Payee name | l. | | | | | |
| | 04/08/2025 | Optimum | | | | | | |
| 6 | | | Codo | | | | | |
| 0 | Amount (\$) | 7 Payee address; City; State; Zip (P.O. Box 70340 | Joue | | | | | |
| | \$161.00 | P.O. Box 70340 | | | | | | |
| | X Reimbursement from political contributions | | | | | | | |
| | intended | Phildelphia, PA 19176 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | OF EXPENDITURE | Internet | | Check if Austin, TX, officeholder living expense | | | | |
| | EXI ENDITORE | | Jacksonville camp | aign office internet | | | | |
| | | | | | | | | |
| 9 | | Candidate/Officeholder name | Office sought | Office held | | | | |
| | expenditure to benefit | | | | | | | |
| | C/OH | | | | | | | |
| | Date | Payee name | | | | | | |
| | 05/27/2025 | Optimum | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip 0 | Code | | | | | |
| | \$161.00 | | | | | | | |
| | | | | | | | | |
| | Reimbursement from political contributions | Dhildelphie DA 1017C | | | | | | |
| | intended | Phildelphia, PA 19176 | _ | | | | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedule) | Description | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | Utilities | <u> </u> | Check if Austin, TX, officeholder living expense | | | | |
| | | | Jacksonville camp | aign office utilities | | | | |
| | | | | | | | | |
| | | Candidate/Officeholder name | Office sought | Office held | | | | |
| | expenditure to benefit C/OH | | | | | | | |
| | | T | | | | | | |
| | Date | Payee name | | | | | | |
| | 06/24/2025 | Optimum | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip (| Code | | | | | |
| | \$161.00 | P.O. Box 70340 | | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Phildelphia, PA 19176 | | | | | | |
| \vdash | PURPOSE | Category (See Categories listed at the top of this schedule) | Description | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | OF | Office Overhead/Rental Expense | | Check if Austin, TX, officeholder living expense | | | | |
| | EXPENDITURE | Office Overricaa/Neritai Experise | Jacksonville Camr | paign office internet | | | | |
| | | | | <u> </u> | | | | |
| <u> </u> | Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | | |
| | expenditure to benefit | Candidate/Onicendidel Haine | Onice sought | Office field | | | | |
| | C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex Printing E Salaries/V | xpense Vages/Contract Labor | | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
|---|---|--------------------------------------|---|--|--------------------------------|------|--|--|--|
| L | | | The Instruction Guide explains | how to co | omplete this form. | | | | |
| 1 | Total pages Schedule G: | 2 FILER NAMI | <u> </u> | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 8/10 Rpt: 91/94 | Nichols, Ro | bert Lee (The Honorable) | | | | 00035962 | | |
| 4 | Date | 5 Payee name | | | | • | | | |
| | 06/02/2025 | Shell - Mar | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; State; | ; Zip Co | ode | | | | |
| | \$49.22 | TX-7 & US- | 79 | | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Marquez, T | X 77865 | | | | | | |
| 8 | PURPOSE | (a) Category (S | ee Categories listed at the top of this sch | edule) | (b) Description | = | eck if travel outside of Texas. Complete Schedule T. | | |
| | OF EXPENDITURE | Travel Out | of District | | <u> </u> | _ | eck if Austin, TX, officeholder living expense | | |
| | | | | | Officeholder fuel | to t | ravel to meetings | | |
| L | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit | Candidate/Office | holder name | | Office sought | | Office held | | |
| | C/OH | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/27/2025 | TXU Energ | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$55.25 | P.O.Box 65 | P.O.Box 650638 | | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Dallas, TX | 75265 | | | | | | |
| | PURPOSE | | ee Categories listed at the top of this sch | edule) | Description | Ch | neck if travel outside of Texas. Complete Schedule T. | | |
| | OF EXPENDITURE | Utilities | | | | Ch | eck if Austin, TX, officeholder living expense | | |
| | LAFLINDITORE | | | | Jacksonville cam | npai | gn office utilities | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Office | holder name | | Office sought | | Office held | | |
| | expenditure to benefit C/OH | | | | | | | | |
| L | | <u> </u> | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/24/2025 | TXU Energ | y | | | _ | | | |
| | Amount (\$) | Payee addre | • | ; Zip Co | ode | | | | |
| | \$55.25 | P.O.Box 65 | 0638 | | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Dallas, TX | 75265 | | | | | | |
| | PURPOSE | Category (S | ee Categories listed at the top of this sch | edule) | Description | = | eck if travel outside of Texas. Complete Schedule T. | | |
| | OF EXPENDITURE | Utilities | | | | _ | eck if Austin, TX, officeholder living expense | | |
| | | | | | Jacksonville cam | npai | gn office utilities | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit | Candidate/Office | holder name | | Office sought | | Office held | | |
| | C/OH | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex Printing E: Salaries/V | kpense /ages/Contract Labor | | Transportation Legipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
|---|---|--------------------------------------|---|---|---------------------------------------|------|--|--|--|
| | | | The Instruction Guide explains | how to co | mplete this form. | | | | |
| 1 | Total pages Schedule G: | 2 FILER NAMI | E | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 9/10 Rpt: 92/94 | Nichols, Ro | bert Lee (The Honorable) | | | | 00035962 | | |
| 4 | Date | 5 Payee name | ! | | | 1 | | | |
| - | 03/24/2025 | TXU Energ | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State; | Zip Co | de | | | | |
| | \$55.00 | P.O.Box 65 | 50638 | | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Dallas, TX | 75265 | | | | | | |
| 8 | PURPOSE | (a) Category (S | see Categories listed at the top of this sch | edule) | (b) Description | Ch | eck if travel outside of Texas. Complete Schedule T. | | |
| | OF EXPENDITURE | Utilities | | | | Ch | eck if Austin, TX, officeholder living expense | | |
| | EXI ENDITORE | | | | Jacksonville cam | npai | gn office utilities | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Office | holder name | | Office sought | | Office held | | |
| | | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 04/08/2025 | TXU Energ | у | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$55.00 | P.O.Box 65 | P.O.Box 650638 | | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Dallas, TX | 75265 | | | | | | |
| _ | | _ | | | B | ٦ | | | |
| | PURPOSE OF | | see Categories listed at the top of this scho | edule) | Description | _ | neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense | | |
| | EXPENDITURE | Utilities | | | لــــــــــــــــــــــــــــــــــــ | _ | | | |
| | | | | | Jacksonville cam | ipai | gri onice dunities | | |
| _ | | | | | | | 200 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit | Candidate/Office | holder name | | Office sought | | Office held | | |
| | C/OH | | | | | | | | |
| H | Data | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/27/2025 | TXU Energ | | | | | | | |
| | Amount (\$) | Payee addre | • | Zip Co | de | | | | |
| | \$55.00 | P.O.Box 65 | 50638 | | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Dallas, TX | 75265 | | | | | | |
| | PURPOSE | Category (S | see Categories listed at the top of this sch | edule) | Description | Ch | neck if travel outside of Texas. Complete Schedule T. | | |
| | OF EXPENDITURE | Utilities | | | | Ch | eck if Austin, TX, officeholder living expense | | |
| | EM LINDITURE | | | | Jacksonville cam | npai | gn office utilities | | |
| | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit | Candidate/Office | holder name | | Office sought | | Office held | | |
| | C/OH | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 10/10 Rpt: 93/94 Nichols, Robert Lee (The Honorable) 00035962 Date Payee name 06/24/2025 TXU Energy 6 Amount (\$) Payee address; City; State; Zip Code P.O.Box 650638 \$55.25 Reimbursement from political contributions intended Х Dallas, TX 75265 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Jacksonville Campaign office utilities Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

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

SCHEDULE K

| | The Instru | cti | on Guide explains how to complete this form. | | pages Schedule K: 1/1 Rpt: 94/94 | | |
|---|--------------|----------|---|----------|-------------------------------------|----------------------------------|----|
| 2 | FILER NAME | | | 3 | Filer | ID (Ethics Commission Filers) | |
| | Nichols, Rob | ert | Lee (The Honorable) | | 0003 | 35962 | |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 03/22/2025 | | Nichols, Robert L. (Mr.) | | | \$1,025.5 | 7 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | Jacksonville, TX 75766 | | | | |
| | | 7 | Purpose for which amount is received | f politi | cal cor | ntribution returned to filer | |
| | | | Reimbursement for travel expenses | | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | |
| | 05/06/2025 | | Nichols, Robert L. (Mr.) | | | \$1,050.4 | .0 |
| | | l | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Jacksonville, TX 75766 | | | | |
| | | | | f politi | cal cor | ntribution returned to filer | |
| | | | Reimburse travel expenses | | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | |
| | 04/05/2025 | | Nichols, Robert L. (Mr.) | | | \$1,050.4 | 0 |
| | | l | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | lackconville, TV 7E766 | | | | |
| | | L | Jacksonville, TX 75766 Purpose for which amount is received | C 1!4! | | Anilo Aires and an all the files | |
| | | | Reimburse travel expenses | і рош | cai coi | ntribution returned to filer | |
| | 5. | <u> </u> | · | | | | _ |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | 0 |
| | 05/17/2025 | ļ | Nichols, Robert L. (Mr.) | | | \$1,050.4 | U |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | Jacksonville, TX 75766 | | | | |
| | | H | | f politi | cal cor | ntribution returned to filer | _ |
| | | | Reimburse travel expenses | • | | | |
| _ | Date | H | Name of person from whom amount is received | | | Amount (\$) | = |
| | 05/06/2025 | | United States Treasury | | | \$541.9 | 9 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Kansas City, MO 64117 | | | | |
| | | | Purpose for which amount is received | f politi | cal cor | ntribution returned to filer | |
| | | | Reimburse late fee waived | | | | |
| | | | | | | | |
| | | | | | | | |