

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | | | |
|----------------|-------------------------------------|-------------|----------------------------|
| 13 C / OH NAME | Nichols, Robert Lee (The Honorable) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00035962 | |

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

| | | | |
|-------------------------|---|----|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 1,874.55 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 239,571.03 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 2,593,944.06 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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

The Honorable Robert Lee Nichols

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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| | | | |
|---|--|---|------------|
| 18 FILER NAME Nichols, Robert Lee (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00035962 | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 237,592.56 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 1,978.47 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 4,718.76 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/80 Rpt: 4/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 02/20/2025 | 5 Payee name 7-Eleven #12705 | |
| 6 Amount (\$) \$60.48 | 7 Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/18/2025 | Payee name 7-Eleven #12705 | |
| Amount (\$) \$50.96 | Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/25/2025 | Payee name AT&T | |
| Amount (\$) \$671.93 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder cable & internet - apartment for Jan, Feb & Mar |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/80 Rpt: 5/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/18/2025 | 5 Payee name AT&T | |
| 6 Amount (\$) \$285.19 | 7 Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Cable & internet | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/24/2025 | Payee name AT&T | |
| Amount (\$) \$279.95 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/20/2025 | Payee name AT&T | |
| Amount (\$) \$279.95 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment cable & internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 3/80 Rpt: 6/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/05/2025 | 5 Payee name AT&T Mobility | |
| 6 Amount (\$) \$275.44 | 7 Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder telephone expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2025 | Payee name AT&T Mobility | |
| Amount (\$) \$212.92 | 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) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign telephone expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/05/2025 | Payee name AT&T Mobility | |
| Amount (\$) \$213.01 | 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) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder telephone expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/80 Rpt: 7/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/05/2025 | 5 Payee name AT&T Mobility | |
| 6 Amount (\$) \$213.01 | 7 Payee address; City; State; Zip Code P. O. Box 5074 Carol Stream, IL 60197 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign telephone services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/05/2025 | Payee name AT&T Mobility | |
| Amount (\$) \$514.08 | 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) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign telephone expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/05/2025 | Payee name AT&T Moblity | |
| Amount (\$) \$213.03 | 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) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign telephone expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/80 Rpt: 8/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 02/24/2025 | 5 Payee name Amazon Business | |
| 6 Amount (\$) \$64.94 | 7 Payee address; City; State; Zip Code P. O. Box 81226 Seattle, WA 98108 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder capitol office supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/16/2025 | Payee name Amazon Business | |
| Amount (\$) \$83.24 | Payee address; City; State; Zip Code P. O. Box 81226 Seattle, WA 98108 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Capitol office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | Payee name Angelina County Chamber of Commerce | |
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code 1615 S. Chestnut Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff to attend event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 7/80 Rpt: 10/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/26/2025 | 5 Payee name Cefco # 1107 | |
| 6 Amount (\$) \$52.68 | 7 Payee address; City; State; Zip Code 319 Larissa Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/27/2025 | Payee name Cefco # 1107 | |
| Amount (\$) \$48.31 | Payee address; City; State; Zip Code 319 Larissa Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/06/2025 | Payee name Cherokee Herald | |
| Amount (\$) \$195.00 | Payee address; City; State; Zip Code 140 Main St. Rusk, TX 75785 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign advertising Livestock show |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 8/80 Rpt: 11/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/12/2025 | 5 Payee name Cherokee Herald | |
| 6 Amount (\$) \$190.00 | 7 Payee address; City; State; Zip Code 140 Main St. Rusk, TX 75785 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign newspaper ad |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2025 | Payee name Chick-fil-A #029 | |
| Amount (\$) \$195.54 | Payee address; City; State; Zip Code 503 W Martin Luther King Blvd Austin, TX 75701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder, Staff & House members meal |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/02/2025 | Payee name Chick-fil-A #029 | |
| Amount (\$) \$107.28 | Payee address; City; State; Zip Code 503 W Martin Luther King Blvd Austin, TX 75701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff meal last day of session |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 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 04/14/2025 | 5 Payee name Circuit Panaromic | |
| 6 Amount (\$) \$529.00 | 7 Payee address; City; State; Zip Code P. O. Box 99 Hillsboro, WV 24946 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder - 2025 session photo |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2025 | Payee name City of Austin | |
| Amount (\$) \$130.70 | Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78783 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Utilities | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/07/2025 | Payee name City of Austin | |
| Amount (\$) \$63.91 | Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78783 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Utilities | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 10/80 Rpt: 13/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/11/2025 | 5 Payee name City of Austin | |
| 6 Amount (\$) \$62.59 | 7 Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78783 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Utilities | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment utilities |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/08/2025 | Candidate/Officeholder name City of Austin | |
| Amount (\$) \$52.70 | Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78783 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Utilities | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/06/2025 | Candidate/Officeholder name City of Austin | |
| Amount (\$) \$46.55 | Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78783 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Utilities | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 11/80 Rpt: 14/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/02/2025 | 5 Payee name City of Austin | |
| 6 Amount (\$) \$48.42 | 7 Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78783 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Utilities | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment utilities |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2025 | Payee name Conine Vestal, Shelby (Ms.) | |
| Amount (\$) \$2,058.75 | Payee address; City; State; Zip Code 12220 Terraza Circle Austin, TX 78726 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2025 | Payee name Conine Vestal, Shelby (Ms.) | |
| Amount (\$) \$2,058.75 | Payee address; City; State; Zip Code 12220 Terraza Circle Austin, TX 78726 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 12/80 Rpt: 15/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/24/2025 | 5 Payee name Conine Vestal, Shelby (Ms.) | |
| 6 Amount (\$) \$2,058.75 | 7 Payee address; City; State; Zip Code 12220 Terraza Circle Austin, TX 78726 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | Payee name Conine Vestal, Shelby (Ms.) | |
| Amount (\$) \$1,235.25 | Payee address; City; State; Zip Code 12220 Terraza Circle Austin, TX 78726 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/26/2025 | Payee name Conine Vestal, Shelby (Ms.) | |
| Amount (\$) \$1,235.25 | Payee address; City; State; Zip Code 12220 Terraza Circle Austin, TX 78726 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 13/80 Rpt: 16/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/24/2025 | 5 Payee name Conine Vestal, Shelby (Ms.) | |
| 6 Amount (\$) \$1,235.25 | 7 Payee address; City; State; Zip Code 12220 Terraza Circle Austin, TX 78726 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2025 | Payee name Connie H. Nice CPA PC | |
| Amount (\$) \$275.00 | Payee address; City; State; Zip Code P.O. Box 2283 Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/11/2025 | Payee name Connie H. Nice CPA PC | |
| Amount (\$) \$475.00 | Payee address; City; State; Zip Code P.O. Box 2283 Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign 1120-POL preparation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 14/80 Rpt: 17/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/13/2025 | 5 Payee name Creative Graphics of Texas | |
| 6 Amount (\$) \$260.00 | 7 Payee address; City; State; Zip Code 310 S. Ragsdale Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff shirts |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2025 | Payee name Creative Graphics of Texas | |
| Amount (\$) \$97.43 | Payee address; City; State; Zip Code 310 S. Ragsdale Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign printed materials |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2025 | Payee name Creative Graphics of Texas | |
| Amount (\$) \$281.45 | Payee address; City; State; Zip Code 310 S. Ragsdale Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign staff apparel |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 15/80 Rpt: 18/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/03/2025 | 5 Payee name Dallas Morning News | |
| 6 Amount (\$) \$32.51 | 7 Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder monthly subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Dallas Morning News | | |
| Amount (\$) \$32.51 | Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder monthly subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Dallas Morning News | | |
| Amount (\$) \$32.51 | Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder newspaper subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 16/80 Rpt: 19/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/03/2025 | 5 Payee name Dallas Morning News | |
| 6 Amount (\$) \$32.51 | 7 Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder newspaper subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Dallas Morning News | | |
| Amount (\$) \$32.51 | Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder newspaper subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Dallas Morning News | | |
| Amount (\$) \$32.51 | Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 17/80 Rpt: 20/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign printed materials |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/25/2025 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign printed materials |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign income tax |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 18/80 Rpt: 21/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 02/12/2025 | 5 Payee name Dunn, Shawn (Ms.) | |
| 6 Amount (\$) \$46.68 | 7 Payee address; City; State; Zip Code 213 Winged Foot Dr. Lufkin, TX 75901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign reimbursement 77.8 miles @ .60 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Dunn, Shawn (Ms.) | |
| Amount (\$) \$72.67 | Payee address; City; State; Zip Code 213 Winged Foot Dr. Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign reimbursement 111.8 miles @ .65 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | Payee name Dunn, Shawn (Ms.) | |
| Amount (\$) \$50.57 | Payee address; City; State; Zip Code 213 Winged Foot Dr. Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign reimburse for 77.8 miles @.65 to attend event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 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 01/27/2025 | 5 Payee name Dunn, Shawn (Ms.) | |
| 6 Amount (\$) \$1,441.12 | 7 Payee address; City; State; Zip Code 213 Winged Foot Dr. Lufkin, TX 75901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/24/2025 | Candidate/Officeholder name Dunn, Shawn (Ms.) | |
| Amount (\$) \$1,441.12 | Office sought 213 Winged Foot Dr. Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/24/2025 | Candidate/Officeholder name Dunn, Shawn (Ms.) | |
| Amount (\$) \$1,441.12 | Office sought 213 Winged Foot Dr. Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 20/80 Rpt: 23/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Dunn, Shawn (Ms.) | |
| 6 Amount (\$) \$1,441.12 | 7 Payee address; City; State; Zip Code 213 Winged Foot Dr. Lufkin, TX 75901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/26/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$1,441.12 | Payee name Dunn, Shawn (Ms.) Payee address; City; State; Zip Code 213 Winged Foot Dr. Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$1,441.12 | Payee name Dunn, Shawn (Ms.) Payee address; City; State; Zip Code 213 Winged Foot Dr. Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 21/80 Rpt: 24/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/27/2025 | 5 Payee name Ellis, Jacob (Mr.) | |
| 6 Amount (\$) \$2,264.62 | 7 Payee address; City; State; Zip Code 1402 Mulberry Lufkin, TX 75904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Ellis, Jacob (Mr.) | | |
| Amount (\$) \$2,264.62 | Payee address; City; State; Zip Code 1402 Mulberry Lufkin, TX 75904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Ellis, Jacob (Mr.) | | |
| Amount (\$) \$2,264.62 | Payee address; City; State; Zip Code 1402 Mulberry Lufkin, TX 75904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 22/80 Rpt: 25/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Ellis, Jacob (Mr.) | |
| 6 Amount (\$) \$1,441.12 | 7 Payee address; City; State; Zip Code 1402 Mulberry Lufkin, TX 75904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/26/2025 | Payee name Ellis, Jacob (Mr.) | |
| Amount (\$) \$1,441.12 | Payee address; City; State; Zip Code 1402 Mulberry Lufkin, TX 75904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2025 | Payee name Ellis, Jacob (Mr.) | |
| Amount (\$) \$1,441.12 | Payee address; City; State; Zip Code 1402 Mulberry Lufkin, TX 75904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 23/80 Rpt: 26/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/27/2025 | 5 Payee name Ford Credit | |
| 6 Amount (\$) \$2,037.67 | 7 Payee address; City; State; Zip Code P. O. Box 650575 Dallas, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign vehicle lease |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/27/2025 | Payee name Ford Credit | |
| Amount (\$) \$2,296.25 | Payee address; City; State; Zip Code P. O. Box 650575 Dallas, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign vehicle lease |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/20/2025 | Payee name Ford Credit | |
| Amount (\$) \$2,037.67 | Payee address; City; State; Zip Code P. O. Box 650575 Dallas, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign vehicle lease |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 24/80 Rpt: 27/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/02/2025 | 5 Payee name Google | |
| 6 Amount (\$) \$38.38 | 7 Payee address; City; State; Zip Code 1600 Amphitheater Mountain View, CT 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder email expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/03/2025 | Payee name Google | |
| Amount (\$) \$38.38 | Payee address; City; State; Zip Code 1600 Amphitheater Mountain View, CT 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder email expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/03/2025 | Payee name Google | |
| Amount (\$) \$38.38 | Payee address; City; State; Zip Code 1600 Amphitheater Mountain View, CT 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 25/80 Rpt: 28/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/01/2025 | 5 Payee name Google | |
| 6 Amount (\$) \$38.37 | 7 Payee address; City; State; Zip Code 1600 Amphitheater Mountain View, CT 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/01/2025 | Payee name Google | |
| Amount (\$) \$38.38 | Payee address; City; State; Zip Code 1600 Amphitheater Mountain View, CT 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/01/2025 | Payee name Google | |
| Amount (\$) \$38.38 | Payee address; City; State; Zip Code 1600 Amphitheater Mountain View, CT 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 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 01/27/2025 | 5 Payee name Graham, Drew (Mr.) | |
| 6 Amount (\$) \$1,350.00 | 7 Payee address; City; State; Zip Code 5804 Gloucester Lane Austin, TX 78723 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff session rent |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2025 | Payee name Graham, Drew (Mr.) | |
| Amount (\$) \$1,350.00 | Payee address; City; State; Zip Code 5804 Gloucester Lane Austin, TX 78723 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff session rent |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Graham, Drew (Mr.) | |
| Amount (\$) \$1,350.00 | Payee address; City; State; Zip Code 5804 Gloucester Lane Austin, TX 78723 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff session rent |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 27/80 Rpt: 30/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Graham, Drew (Mr.) | |
| 6 Amount (\$) \$1,350.00 | 7 Payee address; City; State; Zip Code 5804 Gloucester Lane Austin, TX 78723 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff session rent |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2025 | Payee name HEB 2/373 | |
| Amount (\$) \$46.46 | Payee address; City; State; Zip Code 16900 North FM 620 Round Rock, TX 78681 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder capitol office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/14/2025 | Payee name HEB 2/373 | |
| Amount (\$) \$87.67 | Payee address; City; State; Zip Code 16900 North FM 620 Round Rock, TX 78681 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Capitol office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 28/80 Rpt: 31/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/06/2025 | 5 Payee name HEB 2/373 | |
| 6 Amount (\$) \$25.66 | 7 Payee address; City; State; Zip Code 16900 North FM 620 Round Rock, TX 78681 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Capitol office supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/27/2025 | Payee name HEB 2/373 | |
| Amount (\$) \$21.84 | Payee address; City; State; Zip Code 16900 North FM 620 Round Rock, TX 78681 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Capitol office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/10/2025 | Payee name HEB 2/373 | |
| Amount (\$) \$49.80 | Payee address; City; State; Zip Code 16900 North FM 620 Round Rock, TX 78681 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Capitol office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 29/80 Rpt: 32/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/21/2025 | 5 Payee name HEB 2/373 | |
| 6 Amount (\$) \$31.90 | 7 Payee address; City; State; Zip Code 16900 North FM 620 Round Rock, TX 78681 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Capitol office supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/18/2025 | Payee name HEB 2/373 | |
| Amount (\$) \$68.14 | Payee address; City; State; Zip Code 16900 North FM 620 Round Rock, TX 78681 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder capitol office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/26/2025 | Payee name HEB 2/373 | |
| Amount (\$) \$14.17 | Payee address; City; State; Zip Code 16900 North FM 620 Round Rock, TX 78681 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder capitol office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 30/80 Rpt: 33/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/27/2025 | 5 Payee name Harris, Jennifer (Ms.) | |
| 6 Amount (\$) \$580.12 | 7 Payee address; City; State; Zip Code 215 Southland Dr. Lumberton, TX 77657 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2025 | Payee name Harris, Jennifer (Ms.) | |
| Amount (\$) \$580.12 | Payee address; City; State; Zip Code 215 Southland Dr. Lumberton, TX 77657 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Harris, Jennifer (Ms.) | |
| Amount (\$) \$580.12 | Payee address; City; State; Zip Code 215 Southland Dr. Lumberton, TX 77657 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 31/80 Rpt: 34/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Harris, Jennifer (Ms.) | |
| 6 Amount (\$) \$580.12 | 7 Payee address; City; State; Zip Code 215 Southland Dr. Lumberton, TX 77657 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/26/2025 | Payee name Harris, Jennifer (Ms.) | |
| Amount (\$) \$580.12 | Payee address; City; State; Zip Code 215 Southland Dr. Lumberton, TX 77657 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2025 | Payee name Harris, Jennifer (Ms.) | |
| Amount (\$) \$580.10 | Payee address; City; State; Zip Code 215 Southland Dr. Lumberton, TX 77657 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 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 Austin, TX 78767 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder & staff end of session dinner |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder dinner with Senators |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 33/80 Rpt: 36/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Jacksonville Daily Progress | |
| 6 Amount (\$) \$375.00 | 7 Payee address; City; State; Zip Code 525 E.Commerce Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign magazine ad |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/12/2025 | Payee name Jacksonville Daily Progress | |
| Amount (\$) \$250.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign newspaper ad |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/19/2025 | Payee name Kalin's Center | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code P. O. Box 901 Crockett, TX 75835 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign sponsorship for event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 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 02/07/2025 | 5 Payee name Lufkin/Angelina County Chamber of Commerce | |
| 6 Amount (\$) \$380.00 | 7 Payee address; City; State; Zip Code 1615 S Chestnut St, Lufkin, TX 75901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder annual membership |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/12/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Lufkin/Angelina County Chamber of Commerce | | |
| Amount (\$) \$60.00 | Payee address; City; State; Zip Code 1615 S Chestnut St, Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff to attend annual banquet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/12/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Lufkin/Angelina County Chamber of Commerce | | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 1615 S Chestnut St, Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff to attend event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 35/80 Rpt: 38/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/24/2025 | 5 Payee name Lufkin/Angelina County Chamber of Commerce | |
| 6 Amount (\$) \$20.00 | 7 Payee address; City; State; Zip Code 1615 S Chestnut St, Lufkin, TX 75901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff to attend meeting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2025 | Payee name Lufkin/Angelina County Chamber of Commerce | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 1615 S Chestnut St, Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff to attend meeting luncheon |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2025 | Payee name Lufkin/Angelina County Chamber of Commerce | |
| Amount (\$) \$85.00 | Payee address; City; State; Zip Code 1615 S Chestnut St, Lufkin, TX 75901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder to attend annual event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 36/80 Rpt: 39/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/27/2025 | 5 Payee name Lupton, Angus (Mr.) | |
| 6 Amount (\$) \$2,882.25 | 7 Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/24/2025 | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) | |
| Amount (\$) \$2,882.25 | Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/24/2025 | Candidate/Officeholder name Payee name Lupton, Angus (Mr.) | |
| Amount (\$) \$2,882.25 | Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 37/80 Rpt: 40/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Lupton, Angus (Mr.) | |
| 6 Amount (\$) \$2,058.75 | 7 Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/26/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Lupton, Angus (Mr.) | | |
| Amount (\$) \$2,058.75 | Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Lupton, Angus (Mr.) | | |
| Amount (\$) \$2,058.75 | Payee address; City; State; Zip Code 8700 Fritsch Dr. Austin, TX 78717 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 38/80 Rpt: 41/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/27/2025 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 39/80 Rpt: 42/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/27/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 40/80 Rpt: 43/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/27/2025 | 5 Payee name Martinez, Mckenna (Ms.) | |
| 6 Amount (\$) \$1,098.03 | 7 Payee address; City; State; Zip Code 3604 Flamevine Cv Austin, TX 78735 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2025 | Payee name Martinez, Mckenna (Ms.) | |
| Amount (\$) \$1,098.03 | Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Martinez, Mckenna (Ms.) | |
| Amount (\$) \$1,098.03 | Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 41/80 Rpt: 44/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Martinez, Mckenna (Ms.) | |
| 6 Amount (\$) \$1,098.03 | 7 Payee address; City; State; Zip Code 3604 Flamevine Cv Austin, TX 78735 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/26/2025 | Payee name Martinez, Mckenna (Ms.) | |
| Amount (\$) \$1,098.03 | Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2025 | Payee name Martinez, Mckenna (Ms.) | |
| Amount (\$) \$1,098.03 | Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 42/80 Rpt: 45/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/27/2025 | 5 Payee name Missildine, Wyma | |
| 6 Amount (\$) \$3,458.70 | 7 Payee address; City; State; Zip Code 380 An Co Rd 414 Palestine, TX 75803 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2025 | Payee name Missildine, Wyma | |
| Amount (\$) \$3,458.70 | Payee address; City; State; Zip Code 380 An Co Rd 414 Palestine, TX 75803 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Missildine, Wyma | |
| Amount (\$) \$3,458.70 | Payee address; City; State; Zip Code 380 An Co Rd 414 Palestine, TX 75803 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 43/80 Rpt: 46/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Missildine, Wyma | |
| 6 Amount (\$) \$3,458.70 | 7 Payee address; City; State; Zip Code 380 An Co Rd 414 Palestine, TX 75803 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/26/2025 | Payee name Missildine, Wyma | |
| Amount (\$) \$3,458.70 | Payee address; City; State; Zip Code 380 An Co Rd 414 Palestine, TX 75803 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2025 | Payee name Missildine, Wyma | |
| Amount (\$) \$3,458.70 | Payee address; City; State; Zip Code 380 An Co Rd 414 Palestine, TX 75803 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 44/80 Rpt: 47/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/21/2025 | 5 Payee name Mudd Creek | |
| 6 Amount (\$) \$55.50 | 7 Payee address; City; State; Zip Code 1870 W. US Hwy 79 Franklin, TX 77856 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 45/80 Rpt: 48/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/03/2025 | 5 Payee name Mudd Creek | |
| 6 Amount (\$) \$51.00 | 7 Payee address; City; State; Zip Code 1870 W. US Hwy 79 Franklin, TX 77856 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2025 | Payee name Nacogdoches County Chamber of Commerce | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 2516 North St. Nacogdoches, TX 75965 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder annual membership |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | Payee name Nacogdoches County Chamber of Commerce | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 2516 North St. Nacogdoches, TX 75965 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff to attend event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 47/80 Rpt: 50/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 02/24/2025 | 5 Payee name Nichols, Robert L. (Mr.) | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code P. O. Box 1591 Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Nichols, Robert L. (Mr.) | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code P. O. Box 1591 Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | Payee name Nichols, Robert L. (Mr.) | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code P. O. Box 1591 Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 48/80 Rpt: 51/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 05/27/2025 | 5 Payee name Nichols, Robert L. (Mr.) | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code P. O. Box 1591 Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2025 | Payee name Nichols, Robert L. (Mr.) | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code P. O. Box 1591 Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G reimbursements |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/17/2025 | Payee name Optimum | |
| Amount (\$) \$177.48 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 49/80 Rpt: 52/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/17/2025 | 5 Payee name Optimum | |
| 6 Amount (\$) \$177.48 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign internet |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/17/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/17/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign internet |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign internet service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder sponsorship for fundraiser |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 51/80 Rpt: 54/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/15/2025 | 5 Payee name Pappadeaux #3 | |
| 6 Amount (\$) \$506.28 | 7 Payee address; City; State; Zip Code 6319 N I-35 Austin, TX 78752 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder & staff to discuss legislative issues |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/23/2025 | Payee name Quality Seafood Market | |
| Amount (\$) \$320.71 | Payee address; City; State; Zip Code 5621 Airport Blvd. Austin, TX 78751 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff to discuss issues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2025 | 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) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Digital Strategy & Account Services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 52/80 Rpt: 55/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 02/12/2025 | 5 Payee name Raconteur Media Company | |
| 6 Amount (\$) \$59.80 | 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) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Blast Email Services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/07/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign digital strategy & account services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/07/2025 | Payee name Raconteur Media Company | |
| Amount (\$) \$59.80 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign email blast services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 53/80 Rpt: 56/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/07/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign digital advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/02/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign Digital Strategy & Account Services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/02/2025 | Payee name Raconteur Media Company | |
| Amount (\$) \$60.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign Blast email services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 54/80 Rpt: 57/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/07/2025 | 5 Payee name Raconteur Media Company | |
| 6 Amount (\$) \$8,603.63 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign digital advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2025 | Payee name Raconteur Media Company | |
| Amount (\$) \$8,603.83 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign monthly digital advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign digital strategy & account services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 55/80 Rpt: 58/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign monthly digital advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | Payee name Raconteur Media Company | |
| Amount (\$) \$59.80 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder - Sending of newsletter |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/06/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder-Campaign Digital Strategy & Account Services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/Campaign Monthly advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/Campaign Enewsletter sending |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign Digital Strategy & Account Services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 57/80 Rpt: 60/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/12/2025 | 5 Payee name Raconteur Media Company | |
| 6 Amount (\$) \$85.80 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign monitor sending |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/12/2025 | Payee name Raconteur Media Company | |
| Amount (\$) \$26.68 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailjet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/07/2025 | Payee name Republican Women of Trinity County | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code P. O. Box 1916 Trinity, TX 75862 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder sponsorship for event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 59/80 Rpt: 62/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 02/24/2025 | 5 Payee name Sierra-Ortega, Jonathan (Mr.) | |
| 6 Amount (\$) \$270.72 | 7 Payee address; City; State; Zip Code 6910 Hart #60 Austin, TX 78731 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/24/2025 | Candidate/Officeholder name Sierra-Ortega, Jonathan (Mr.) | |
| Amount (\$) \$270.72 | Office sought 6910 Hart #60 Austin, TX 78731 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/08/2025 | Candidate/Officeholder name Sierra-Ortega, Jonathan (Mr.) | |
| Amount (\$) \$270.72 | Office sought 6910 Hart #60 Austin, TX 78731 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 60/80 Rpt: 63/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 05/26/2025 | 5 Payee name Sierra-Ortega, Jonathan (Mr.) | |
| 6 Amount (\$) \$270.72 | 7 Payee address; City; State; Zip Code 6910 Hart #60 Austin, TX 78731 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2025 | Payee name Sierra-Ortega, Jonathan (Mr.) | |
| Amount (\$) \$270.72 | Payee address; City; State; Zip Code 6910 Hart #60 Austin, TX 78731 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/01/2025 | Payee name Sir Speedy Printing | |
| Amount (\$) \$262.69 | Payee address; City; State; Zip Code 1320 Arrow Point Dr., Bldg. 4, Ste 410 Cedar Park, TX 78613 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder printed materials |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 61/80 Rpt: 64/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/27/2025 | 5 Payee name Slaton, Michele (Ms.) | |
| 6 Amount (\$) \$877.60 | 7 Payee address; City; State; Zip Code 1835 Byrd Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2025 | Payee name Slaton, Michele (Ms.) | |
| Amount (\$) \$877.60 | Payee address; City; State; Zip Code 1835 Byrd Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Slaton, Michele (Ms.) | |
| Amount (\$) \$877.60 | Payee address; City; State; Zip Code 1835 Byrd Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 62/80 Rpt: 65/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/08/2025 | 5 Payee name Slaton, Michele (Ms.) | |
| 6 Amount (\$) \$877.60 | 7 Payee address; City; State; Zip Code 1835 Byrd Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/26/2025 | Candidate/Officeholder name Slaton, Michele (Ms.) | |
| Amount (\$) \$877.60 | Office sought Office held | |
| | Payee name Slaton, Michele (Ms.) | |
| | Payee address; City; State; Zip Code 1835 Byrd Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/24/2025 | Candidate/Officeholder name Slaton, Michele (Ms.) | |
| Amount (\$) \$877.60 | Office sought Office held | |
| | Payee name Slaton, Michele (Ms.) | |
| | Payee address; City; State; Zip Code 1835 Byrd Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 63/80 Rpt: 66/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/07/2025 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder lounge fee for session |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder committee coffee fund |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder incidentals |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 64/80 Rpt: 67/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 04/18/2025 | 5 Payee name Spaw Senate Account | |
| 6 Amount (\$) \$165.00 | 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) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder portion gifts for Lt Gov& Staff |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/02/2025 | Payee name Spaw Senate Account | |
| Amount (\$) \$361.25 | 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) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder end of session gifts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Storage Center - Jacksonville | |
| Amount (\$) \$390.00 | Payee address; City; State; Zip Code 1300 E. Pine St. Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign qtly storage facility |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 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 06/20/2025 | 5 Payee name Storage Center - Jacksonville | |
| 6 Amount (\$) \$390.00 | 7 Payee address; City; State; Zip Code 1300 E. Pine St. Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign storage qtrly rental |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/24/2025 | Payee name Texas Federation of Republican Women PAC | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code P.O. Box 171146 Austin, TX 78717 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sponsorship |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/26/2025 | Payee name Texas Workforce Commission | |
| Amount (\$) \$127.75 | Payee address; City; State; Zip Code P. O. Box 149037 Austin, TX 78714 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 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 Austin, TX 78714 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll 2nd qtr expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder staff meeting to discuss session |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder & staff to discuss issues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 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 Palestine, TX 75801 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder memorial for legislators mother |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/27/2025 | Candidate/Officeholder name The Shoal | |
| Amount (\$) \$1,282.70 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment rent |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/28/2025 | Candidate/Officeholder 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment rent |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 68/80 Rpt: 71/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/31/2025 | 5 Payee name The Shoal | |
| 6 Amount (\$) \$4,541.04 | 7 Payee address; City; State; Zip Code 827 W. 12th St. Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Rent | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment rent for two months |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/10/2025 | Payee name The Shoal | |
| Amount (\$) \$2,129.59 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder apartment rent |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2025 | Payee name Tyler County Booster | |
| Amount (\$) \$520.00 | Payee address; City; State; Zip Code 205 W. Bluff St Woodville, TX 75979 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 69/80 Rpt: 72/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 05/06/2025 | 5 Payee name Tyler County Booster | |
| 6 Amount (\$) \$520.00 | 7 Payee address; City; State; Zip Code 205 W. Bluff St Woodville, TX 75979 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign Spring magazine advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/06/2025 | Payee name U.S. Postal Service Jville | |
| Amount (\$) \$292.00 | Payee address; City; State; Zip Code 400 W. Rusk Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Jacksonville Dist. Office postage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/04/2025 | Payee name U.S. Postal Service Jville | |
| Amount (\$) \$9.60 | Payee address; City; State; Zip Code 400 W. Rusk Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder - Jacksonville Dist. Office postage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 70/80 Rpt: 73/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 02/07/2025 | 5 Payee name U.S. Postal Service Jville | |
| 6 Amount (\$) \$15.25 | 7 Payee address; City; State; Zip Code 400 W. Rusk Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign postage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/14/2025 | Payee name U.S. Postal Service Jville | |
| Amount (\$) \$83.50 | Payee address; City; State; Zip Code 400 W. Rusk Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder/campaign postage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/10/2025 | Payee name U.S. Postal Service Jville | |
| Amount (\$) \$9.70 | Payee address; City; State; Zip Code 400 W. Rusk Jacksonville, TX 75766 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder postage expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 71/80 Rpt: 74/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/28/2025 | 5 Payee name U.S. Treasury | |
| 6 Amount (\$) \$464.37 | 7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expenses |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/28/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name U.S. Treasury | | |
| Amount (\$) \$5,234.50 | 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) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expenses |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/25/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name U.S. Treasury | | |
| Amount (\$) \$5,234.50 | 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) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 72/80 Rpt: 75/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/25/2025 | 5 Payee name U.S. Treasury | |
| 6 Amount (\$) \$5,324.50 | 7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/09/2025 | Payee name U.S. Treasury | |
| Amount (\$) \$4,475.50 | 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) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/28/2025 | Payee name U.S. Treasury | |
| Amount (\$) \$4,475.50 | 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) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 73/80 Rpt: 76/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/24/2025 | 5 Payee name U.S. Treasury | |
| 6 Amount (\$) \$4,475.50 | 7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/07/2025 | Payee name WP Engine Hosting | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 504 Lavaca, Ste. 1000 Austin, TX 75801 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign annual web hosting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/11/2025 | Payee name Wall Street Journal | |
| Amount (\$) \$54.11 | Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder monthly subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 74/80 Rpt: 77/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 02/08/2025 | 5 Payee name Wall Street Journal | |
| 6 Amount (\$) \$54.11 | 7 Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder monthly subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/08/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Wall Street Journal | | |
| Amount (\$) \$54.11 | Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder newspaper expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/05/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Wall Street Journal | | |
| Amount (\$) \$54.11 | Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder newspaper subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 75/80 Rpt: 78/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 05/03/2025 | 5 Payee name Wall Street Journal | |
| 6 Amount (\$) \$54.11 | 7 Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder newspaper subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/31/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Wall Street Journal | | |
| Amount (\$) \$54.11 | Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/30/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Wall Street Journal | | |
| Amount (\$) \$54.11 | Payee address; City; State; Zip Code 1211 Ave of the Americas New York, NY 10036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 76/80 Rpt: 79/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 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 Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to events |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/08/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$65.50 | Payee name Westbrooks Car Care Center 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/18/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$86.34 | Payee name Westbrooks Car Care Center 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) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign vehicle maintenance |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to attend meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/06/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$47.00 | Payee name Westbrooks Car Care Center 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/12/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$64.66 | Payee name Westbrooks Car Care Center 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 78/80 Rpt: 81/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/26/2025 | 5 Payee name Westbrooks Car Care Center | |
| 6 Amount (\$) \$53.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2025 | Payee name Zoom Video Communications, Inc. | |
| Amount (\$) \$34.09 | Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder zoom service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/07/2025 | Payee name Zoom Video Communications, Inc. | |
| Amount (\$) \$34.09 | Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder zoom service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 79/80 Rpt: 82/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/07/2025 | 5 Payee name Zoom Video Communications, Inc. | |
| 6 Amount (\$) \$34.09 | 7 Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder zoom expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/07/2025 | Payee name Zoom Video Communications, Inc. | |
| Amount (\$) \$34.09 | Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder zoom expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/07/2025 | Payee name Zoom Video Communications, Inc. | |
| Amount (\$) \$34.09 | Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Zoom expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 80/80 Rpt: 83/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/07/2025 | 5 Payee name Zoom Video Communications, Inc. | |
| 6 Amount (\$) \$36.23 | 7 Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Zoom expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule G: Sch: 1/10 Rpt: 84/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 01/31/2025 | 5 Payee name Cefco # 1107 | |
| 6 Amount (\$) \$20.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 319 Larissa Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/27/2025 | Candidate/Officeholder name Center Point Energy | |
| Amount (\$) \$38.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77252 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Utiilities | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/24/2025 | Candidate/Officeholder name Center Point Energy | |
| Amount (\$) \$38.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77252 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Utiilities | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule G: Sch: 2/10 Rpt: 85/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/24/2025 | 5 Payee name Center Point Energy | |
| 6 Amount (\$) \$38.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77252 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Utilities | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/08/2025 | Candidate/Officeholder name Center Point Energy | |
| Amount (\$) \$38.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77252 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Utilities | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/27/2025 | Candidate/Officeholder name Center Point Energy | |
| Amount (\$) \$38.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77252 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Utilities | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule G: Sch: 3/10 Rpt: 86/94 | | 2 FILER NAME Nichols, Robert Lee (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00035962 | |
| 4 Date 06/24/2025 | | 5 Payee name Center Point Energy | | | |
| 6 Amount (\$) \$38.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77252 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville Campaign office utilities | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 01/27/2025 | | Payee name City of Jacksonville | | | |
| Amount (\$) \$45.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code P. O. Box 1390 Jacksonville, TX 75766 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Utilities | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 02/24/2025 | | Payee name City of Jacksonville | | | |
| Amount (\$) \$45.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code P. O. Box 1390 Jacksonville, TX 75766 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Utilities | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule G: Sch: 4/10 Rpt: 87/94 | | 2 FILER NAME Nichols, Robert Lee (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00035962 | |
| 4 Date 03/24/2025 | | 5 Payee name City of Jacksonville | | | |
| 6 Amount (\$) \$45.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code P. O. Box 1390 Jacksonville, TX 75766 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Utilities | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 04/08/2025 | | Payee name City of Jacksonville | | | |
| Amount (\$) \$45.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code P. O. Box 1390 Jacksonville, TX 75766 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Utilities | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 05/27/2025 | | Payee name City of Jacksonville | | | |
| Amount (\$) \$45.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code P. O. Box 1390 Jacksonville, TX 75766 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Utilities | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule G: Sch: 5/10 Rpt: 88/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/24/2025 | 5 Payee name City of Jacksonville | |
| 6 Amount (\$) \$45.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P. O. Box 1390 Jacksonville, TX 75766 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville Campaign office utilities |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2025 | Payee name Mudd Creek | |
| Amount (\$) \$53.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1870 W. US Hwy 79 Franklin, TX 77856 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel Out of District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/04/2025 | Payee name Mudd Creek | |
| Amount (\$) \$56.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1870 W. US Hwy 79 Franklin, TX 77856 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel Out of District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule G: Sch: 6/10 Rpt: 89/94 | | 2 FILER NAME Nichols, Robert Lee (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00035962 | |
| 4 Date 01/27/2025 | | 5 Payee name Optimum | | | |
| 6 Amount (\$) \$161.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 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) Internet | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office internet | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 02/24/2025 | | Payee name Optimum | | | |
| Amount (\$) \$161.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Internet | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office internet | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 03/24/2025 | | Payee name Optimum | | | |
| Amount (\$) \$161.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Internet | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office internet | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule G: Sch: 7/10 Rpt: 90/94 | | 2 FILER NAME Nichols, Robert Lee (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00035962 | |
| 4 Date 04/08/2025 | | 5 Payee name Optimum | | | |
| 6 Amount (\$) \$161.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 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) Internet | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office internet | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 05/27/2025 | | Payee name Optimum | | | |
| Amount (\$) \$161.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Utilities | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 06/24/2025 | | Payee name Optimum | | | |
| Amount (\$) \$161.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code P.O. Box 70340 Phildelphia, PA 19176 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville Campaign office internet | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule G: Sch: 8/10 Rpt: 91/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/02/2025 | 5 Payee name Shell - Marquez | |
| 6 Amount (\$) \$49.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code TX-7 & US-79 Marquez, TX 77865 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder fuel to travel to meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/27/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TXU Energy | | |
| Amount (\$) \$55.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O.Box 650638 Dallas, TX 75265 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Utilities | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TXU Energy | | |
| Amount (\$) \$55.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O.Box 650638 Dallas, TX 75265 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Utilities | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule G: Sch: 9/10 Rpt: 92/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/24/2025 | 5 Payee name TXU Energy | |
| 6 Amount (\$) \$55.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O.Box 650638 Dallas, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Utilities | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/08/2025 | Candidate/Officeholder name TXU Energy | |
| Amount (\$) \$55.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O.Box 650638 Dallas, TX 75265 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Utilities | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/27/2025 | Candidate/Officeholder name TXU Energy | |
| Amount (\$) \$55.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O.Box 650638 Dallas, TX 75265 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Utilities | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville campaign office utilities |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule G: Sch: 10/10 Rpt: 93/94 | 2 FILER NAME Nichols, Robert Lee (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 06/24/2025 | 5 Payee name TXU Energy | |
| 6 Amount (\$) \$55.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O.Box 650638 Dallas, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jacksonville Campaign office utilities |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 94/94 |
| 2 FILER NAME Nichols, Robert Lee (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00035962 |
| 4 Date 03/22/2025 | 5 Name of person from whom amount is received Nichols, Robert L. (Mr.) | 8 Amount (\$) \$1,025.57 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Jacksonville, TX 75766 | |
| | 7 Purpose for which amount is received Reimbursement for travel expenses <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 05/06/2025 | Name of person from whom amount is received Nichols, Robert L. (Mr.) | Amount (\$) \$1,050.40 |
| | Address of person from whom amount is received; City; State; Zip Code Jacksonville, TX 75766 | |
| | Purpose for which amount is received Reimburse travel expenses <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 04/05/2025 | Name of person from whom amount is received Nichols, Robert L. (Mr.) | Amount (\$) \$1,050.40 |
| | Address of person from whom amount is received; City; State; Zip Code Jacksonville, TX 75766 | |
| | Purpose for which amount is received Reimburse travel expenses <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 05/17/2025 | Name of person from whom amount is received Nichols, Robert L. (Mr.) | Amount (\$) \$1,050.40 |
| | Address of person from whom amount is received; City; State; Zip Code Jacksonville, TX 75766 | |
| | Purpose for which amount is received Reimburse travel expenses <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 05/06/2025 | Name of person from whom amount is received United States Treasury | Amount (\$) \$541.99 |
| | Address of person from whom amount is received; City; State; Zip Code Kansas City, MO 64117 | |
| | Purpose for which amount is received Reimburse late fee waived <input type="checkbox"/> Check if political contribution returned to filer | |