FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 66 00067893 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Dr. Greg Bonnen Date Received **ELECTRONICALLY FILED** 07/08/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1183 Date Hand-delivered or Date Postmarked Friendswood, TX 77549-1183 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kim NAME NICKNAME LAST **SUFFIX** Bonnen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 405 David Street STREET **ADDRESS** (Residence or Business) Friendswood, TX 77546 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 405 David Street MAILING **ADDRESS** Friendswood, TX 77546 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 993-2846 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED **THROUGH** 06/30/2025 01/01/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 03/03/2026 General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Comr	nission Filers)
Friends of Dr. Greg Bor	nnen		00067893		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Dr. James Bonnen			
(Attach lists on plain paper to complete this	X Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD	(officeholder)		
	_	State Representative			
X SUPPORT		BALLOT IDENTIFICATION / #		ION DATE	
(Candidate or Measure)		BALLOT IDENTIFICATION / #	Month	Day	Year
OPPOSE			Worten	Duy	rcai
(Candidate or Measure)					
ASSIST	Measure	DESCRIPTION			
(Officeholder)					
15 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	PLEDGES,	 	\$0.00
	ELECTRONICALLY), U			*	Φ0.00
	2. TOTAL POLITICAL (CONTRIBUTIONS			
	(OTHER THAN PLEDG	ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$16,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURES		 	\$0.00
				*	Φ0.00
	4. TOTAL POLITICAL I	EXPENDITURES			
				\$	\$268,548.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COI	NTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY OF THE	\$ \$1	L,860,060.62
				Ψ-	1,000,000.02
OUTSTANDING	6. TOTAL PRINCIPAL AM	OUNT OF ALL OUTSTANDING LOANS AS OF T	HE LAST	1	
LOAN TOTALS	DAY OF THE REPORT	ING PERIOD		\$	\$450,000.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of perju and correct and includes all information			
		Title 15, Election Code.			
		Mrc Kim	n Bonnen		
		Signature of Can		er	
AFFIX NOTARY	STAMP / SEAL ABOVE	0.9			
Sworn to and subscribed	before me, by the said	, th	is the		day
		ch, witness my hand and seal of office.			_ ,
	-				
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administeri	ng oath
-	-	Ç			

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

				3 of 66	
	17 COMMITTEE NAME Friends of Dr. Greg Bonnen 18 Filer ID (Ethics Commission Filers) 00067893				
19 SC	HEDULE	SUBTOTAL AMOUNT			
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 16,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
7.	Х	SCHEDULE E: LOANS		\$ 450,000.00	
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 268,548.42	
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 30,322.83	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1 Sch: 1/1 Rpt: 4/66	:	
2	FILER NAME Friends of D	or. Greg Bonnen		3	Filer ID (Ethics Commis 00067893	ssion Filers)	
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#:_ Gunderson, Sam Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$	\$1,000.00	
	<u> </u>	Seabrook, TX 77586	l a = 1 (0 1 i i i	L			
8	DRP	upation / Job title (See Instructions)	Employer (See Instructions NASA	S)			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code		•	Amount of Contribution (s	\$10,000.00	
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
				-,			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard W. Contributor address; City; State; Zip Code Houston, TX 77055			Amount of Contribution (S	\$5,000.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Weekley Properties	<u> </u> S)			

LOA	NS		SCHEDULE E
The I	struction Guide explains how to complete this form.	1	ges Schedule E: 1 Rpt: 5/66
2 FILER Friend	AME of Dr. Greg Bonnen		(Ethics Commission Filers)
1	OF UNITEMIZED LOANS	1	\$
5 Date of 01/01/			9 Loan Amount (\$) \$450,000.00
6 Is lendo financia instituti	8 Lender address; City; State; Zip Code		10 Interest Rate
No	Friendswood, TX 77546		11 Maturity Date
	I occupation / Job title (See Instructions) 13 Employer (See Instruction Self Employed	ns)	
14 Descrip	ion of Collateral e 15 Check if personal funds v	were deposited	into political account (See Instructions)
16 GUAR/ INFOR	NTOR 17 Name of guarantor IATION		19 Amount Guaranteed (\$)
X not	pplicable 18 Guarantor address; City; State; Zip Code		
20 Principal occupation 21 Employer (See Instructions)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
Sch: 1/58 Rpt: 6/66	Friends of Dr. Greg Bonnen 00067893	
4 Date	5 Payee name	
05/15/2025	4B Disaster Response	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	2700B Texas Ave	
	Texas City, TX 77590	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	Sponsoromp for armaa gala	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Data	T _	=
Date	Payee name	
01/16/2025	ALC Steaks	_
Amount (\$)	Payee address; City; State; Zip Code	
\$267.65	1205 N. Lamar Blvd	
	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	
	Check if Austin, TX, officeholder living expense	
	Dinner for Representative Bonnen staff	
Commission ONII V if dispose	Condidate/Office helder name	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
		_
Date	Payee name	
05/19/2025	ALC Steaks	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,539.00	1205 N. Lamar Blvd	
	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Food/Beverage Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Dinner expense for capitol staff	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to beliefit 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/58 Rpt: 7/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/24/2025	AT&T Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.04	PO Box 204089
		Austin, TX 78720
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		February Internet for Representative Bonnen's
		Austin apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/19/2025	AT&T Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 204089
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly internet expense for State Rep Dr Bonnen's
		Austin apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Davisa nama
	05/01/2025	Payee name AT&T Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 204089
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Internet Service for Representative Bonnen's Austin
		Apartment Apartment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	
1	Sch: 3/58 Rpt: 8/66	2 FILER NAME Friends of Dr. Greg Bonnen 3 Filer ID (Ethics Commission Filers) 00067893
4	Date	5 Payee name
	06/27/2025	AT&T Services
6	Amount (\$) \$98.50	7 Payee address; City; State; Zip Code PO Box 204089 Austin, TX 78720
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	\(\times\) \(\times\) Check if Austin, TX, officeholder living expense \(\times\) June Internet for State Rep Bonnen's Austin \(\text{Apartment}\)
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	AT&T Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	PO Box 204089
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		June Internet expense for Representative Dr. Bonnen's Austin Apartment
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/04/2025	Austin Printing & Mailing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,285.00	6906 Guadalupe
		Austin, TX 78752
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District 24 Senior Certificate Printing expense
		District 24 Serior Certificate Frinting expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/58 Rpt: 9/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/04/2025	Bay Area Alliance for Youth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	2425 East Main Street
		League City, TX 77573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Dinner expense
_	0 1: 0.11.4.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	Bay Oaks Country Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	14545 Bay Oaks Blvd
		Houston, TX 77059
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign luncheon expense
		Campaign laneneon expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	03/18/2025	Payee name Bayou Vista Volunteer Fire Department
	Amount (\$) \$60.00	Payee address; City; State; Zip Code 2929 Hwy 6,
	φ00.00	2929 Hwy 0,
		Hitchood, TV 77500
		Hitchcock, TX 77563
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation made from State Rep Dr. Greg Bonnen
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/58 Rpt: 10/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/10/2025	Berry Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13,500.00	1014 W Milton St
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Consulting State Rep Dr. Greg Bonnen
		Campaign Concatting State (16p 2n Clog Zonnon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2025	Buccees
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.02	1700 State Hwy 71 East,
		Bastrop, TX 78602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff travel food expense
		Gian davo 1664 expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/03/2025	Butcher, Cynthia
	Amount (\$)	Payee address; City; State; Zip Code
	\$921.17	13603 Willow Heights Court
	4021.11	10000 Willow Heights Court
		Houston, TX 77059
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Mileage reimbursement for in district travel
	Commission ONU Wife allows	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/58 Rpt: 11/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/03/2025	Butcher, Cynthia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,720.00	13603 Willow Heights Court
		Houston, TX 77059
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		December pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payes name
	01/03/2025	Payee name Butcher, Cynthia
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	13603 Willow Heights Court
		Houston, TX 77059
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		December Pay/Bonus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	02/20/2025	Butcher, Cynthia
		·
	Amount (\$)	Payee address; City; State; Zip Code 13603 Willow Heights Court
	\$1,720.00	13003 Willow Heights Court
		Houston, TX 77059
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		January Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/58 Rpt: 12/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/20/2025	Butcher, Cynthia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,732.53	13603 Willow Heights Court
		Houston, TX 77059
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for December and January mileage
		Trombarcomone for Booombor and Garlaary mileage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/18/2025	Butcher, Cynthia
	Amount (\$)	Payee address; City; State; Zip Code
	\$921.69	13603 Willow Heights Court
		Houston, TX 77059
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/18/2025	Butcher, Cynthia
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,720.00	13603 Willow Heights Court
		Houston, TX 77059
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		February Pay
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/58 Rpt: 13/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/22/2025	Butcher, Cynthia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,720.00	13603 Willow Heights Court
		Houston, TX 77059
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense March pay
		maton pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Power name
	04/22/2025	Payee name
		Butcher, Cynthia
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,557.56	13603 Willow Heights Court
		Houston, TX 77059
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district expense March
		Traver eat of allettiet expenses material
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	05/12/2025	Butcher, Cynthia
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1,720.00	13603 Willow Heights Court
	\$1,720.00	13003 Willow Heights Court
		Houston TV 770F0
		Houston, TX 77059
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salarias/Magas/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		April pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/58 Rpt: 14/66	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	·
	06/12/2025	Butcher, Cynthia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,720.00	13603 Willow Heights Court	
		Houston, TX 77059	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense May wages
			may mages
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	06/12/2025	Butcher, Cynthia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,406.00	13603 Willow Heights Court	
	, ,	3 10 10 10 10 10 10 10 10 10 10 10 10 10	
		Houston, TX 77059	
-	PURPOSE) Description
	OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Travel expense reimbursement for April & May
L	Operation ONLY if dispose	Out in the lotting to the later was a second to the lotting to the later was a second to the lotting to the later was a second to the later was a se	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
H	D-1-		
	Date	Payee name	
	01/03/2025	Camp Political	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,009.44	401 NE 46th Street	
		Oldohomo City OK 70405	
		Oklahoma City, OK 73105	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete scriedule 1. Check if Austin, TX, officeholder living expense
			Design Print and mail Christmas card for
			Representative Dr. Greg Bonnen
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

Fees O
Find Expense Lt
Fees O
Find Frood/Beverage Expense P
Gift/Awards/Memorials Expense P
Legal Services S

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/58 Rpt: 15/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/03/2025	Campaign Advocacy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$320.00	401 NE 46th
		Oklahoma City, OK 73105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign consulting for Dr. Bonnen
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/15/2025	Capitol Cafe
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$7.70	1001 Congress Ave.
		# 180
		Austiin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel food expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/31/2025	Casa of Galveston County
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.00	100000 Emmett Lowry exp ste 4000
		Texas City , TX 77591
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Dinner expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 11/58 Rpt: 16/66		ID (Ethics Commission Filers) 67893
4	Date 06/25/2025	5 Payee name Cerza, Sydney	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 302 Denson Drive	
		Austin, TX 78752	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of T Check if Austin, TX, officer May labor cost	exas. Complete Schedule T. nolder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Office held
	Date 02/12/2025	Payee name Chevron	
	Amount (\$) \$7.92	Payee address; City; State; Zip Code 109 State Hwy 71,	
		Ellinger, TX 78938	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of T Check if Austin, TX, officer Legislative Travel Fo	
	Complete ONLY if direct expenditure to benefit C/O		Office held
	Date 03/25/2025	Payee name Chevron	
	Amount (\$) \$64.80	Payee address; City; State; Zip Code 109 W State Highway 71	
		Ellinger, TX 78938	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of T Check if Austin, TX, officer Breakfast Expense for	
	Complete ONLY if direct expenditure to benefit C/O		Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
			The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 12/58 Rpt: 17/66		Friends of D	r. Greg Bonne	n					00067893		
4	Date	5	Payee name									
	01/15/2025		Chick Fil A									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$29.90		503 W Marti	n Luther King	Jr Blvd							
				_								
			Austin, TX 7	8701								
_	DUDDOCE	(0)					(h)	5 1.0				
8	PURPOSE OF	(a)		e Categories listed at	the top of this sch	edule)	(D)	Description	outei	de of Tevas Con	nplete Schedule T.	
	EXPENDITURE		F000/Bevera	age Expense				=		officeholder livin		
								Lunch for cap	oitol	l staff		
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Η					•					
\vdash	Date	Г	Payee name									
	03/24/2025		Chick Fil A									
_	Amount (\$)	┝	Payee addres	ss; City;	State:	Zip Co	de					
	\$287.00		•	n Luther King	•	Zip Co	uc					
	Ψ201.00		JOS W Marti	ii Lutilei Kiilg	JI DIVU							
				10704								
			Austin, TX 7	8701								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				=		de of Texas. Con officeholder livin	plete Schedule T.	
								Dinner expen				
								2o. 0po		.o. oup.to.		
_	Complete ONLY if direct		Candidate/Offic	reholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O		zarialaato/ O me	oriolaer mame		J.11100 00u	giit			01110011	old .	
_	Data											
	Date 04/16/2025		Payee name									
			Chick Fil A									
	Amount (\$)		Payee addres			Zip Co	de					
	\$106.78		503 W Marti	n Luther King	Jr Blvd							
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense							plete Schedule T.	
								Dinner expen		officeholder livin		
								Diffici experi	130	ioi capitoi s	itan	
\vdash	Complete ONLY if direct	Ц		ceholder name		Office sou	aht			Office h	eld.	
	expenditure to benefit C/O		zarialuale/OIII	CHOIGEI HAIHE		71110G 20U	grit			Onice II	Ciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/58 Rpt: 18/66	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		
	05/02/2025	Chick Fil A		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$87.70	503 W Martin Luther King Jr Blvd		
		Austin, TX 78701		
8	PURPOSE OF	, , ,	b)	Description
	EXPENDITURE	Food/Beverage Expense	I I	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Ì	Dinner expense for capitol staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	<u> </u>		
	Date	Payee name		
	05/09/2025	Chick Fil A		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$48.39	503 W Martin Luther King Jr Blvd		
		Austin, TX 78701		
	PURPOSE OF	, , ,	b)	Description
	EXPENDITURE	Food/Beverage Expense	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lunch expense for capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/15/2025	Chick Fil A		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$70.46	503 W Martin Luther King Jr Blvd		
		Austin, TX 78701		
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	b)	Description
	EXPENDITURE	Food/Beverage Expense	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lunch expense for capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed abov	re)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 14/58 Rpt: 19/66	l	Dr. Greg Bonnen					00067893		
4	Date	5 Payee name								
	05/21/2025	Chick Fil A								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de					
	\$134.84	503 W Mar	tin Luther King Jr Blvd							
		Austin, TX								
8	PURPOSE OF		ee Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	age Expense			느		de of Texas. Comp officeholder living		
						Lunch expens				
						Larion expens	JC 1	ioi capitoi st	an e	
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ght			Office he	eld	
	experiulture to beliefit C/Or	1								
	Date	Payee name								
	05/12/2025	Clay Pitt								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$78.55	1601 Guad	alupe St							
			·							
		Austin, TX	78701-7870							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	age Expense			=		de of Texas. Comp		
						Dinner expen		officeholder living		
						Diffici experi	30	ioi capitoi si	an	
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OF									
	Date	Payee name								
	04/18/2025	Clayton Sp	angler Photographic D	Design						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$429.00	823 Quarri	er St							
		Charleston	WV 25301							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Gift/Awards	/Memorials Expense			ш		de of Texas. Com		
						89th Legislati		officeholder living		
						oan Legisidli	٧C	i anoranno f	ποιοθιαμπ	
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	abt			Office he	ald.	
	expenditure to benefit C/O		cendidei name	Office S00	grit			Office He	au	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment			The Instruction Gu	ıide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 15/58 Rpt: 20/66		Friends of D	r. Greg Bonnen	l					00067893		
4	Date	5	Payee name					•				
	03/11/2025		Clear Creek	Republican Wo	men PAC							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00		2301 Meado	ows Blvd.								
			League City	, TX 77573								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Advertising					=			mplete Schedule T.	
								Check if Austin, Director Ad pa			ng expense	
								Director Au p	ayı	пеп		
9	Complete ONLY if direct	Ц,		ceholder name	Ot	ffice sou	aht			Office I	neld	
	expenditure to benefit C/OI		Januluale/Onic	ceriolaer riarrie	O	ince sou	giit			Office	ieiu	
\vdash	Date	Ι	Doves #									
	03/17/2025		Payee name	Republican Wo	mon DAC							
_		┡				Zin Co	al a					
	Amount (\$)		Payee addres	•	State;	Zip Co	ue					
	\$300.00		2301 Meauc	JWS BIVU.								
			l Oit	TV 77570								
		_	League City			-						
	PURPOSE OF	(a)		e Categories listed at the		dule)	(b)	Description Check if travel of	outei	do of Toyas Co	mplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Poli	,	ttee		Check if Austin,				
								Donation mad	de 1	from State	Rep Dr. Greg Bonne	en
	Complete ONLY if direct		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office I	neld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	02/24/2025		Clear Lake /	Area Chamber o	of Commerce	е						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$250.00		1201 E. Nas	sa Parkway								
			Houston, TX	X 77058								
	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			age Expense	•						mplete Schedule T.	
	LAI LINDITORE							Check if Austin,				
								Luncheon exp	per	ise ioi Lea	dership Class	
_	Complete ONLY if direct	Ц	Candidato/Offic	ceholder name	O.	ffice sou	abt			Office I	neld	
	expenditure to benefit C/OI		Januiudle/UIII	Jenoluei Haille	O.	mce sou(yııı			Office	ICIU	
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
	Sch: 16/58 Rpt: 21/66	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	
	02/24/2025	Clear Lake Area Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	1201 E. Nasa Parkway	
		Houston, TX 77058	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Golf Tournament Sponsorship	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payee name	=
	05/19/2025	Clear Lake Area Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$70.00	1201 E. Nasa Parkway	
	Ψ10.00	1201 L. Nasa i anway	
		Houston, TX 77058	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Luncheon expense for staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payee name	=
	06/10/2025	Cocke, Cameron	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,000.00	4006 Idlewild	
	42,000.00		
		Austin, TX 78731	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Wages	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
•	Sch: 17/58 Rpt: 22/66	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	
	04/02/2025	Communities In Schools Bay Area	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	18333 Egret Bay Blvd,	
		Unit 260	
		Houston, TX 77058	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Annual Golf Tournament Donation for State Rep D	r.
		Greg Bonnen	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/17/2025	Dreamscape Events	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	304 Shore Breeze Lane	
		League City, TX 77573	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign Dinner expense	
		Campaign Diffici expense	
_	Complete ONLY if direct	Constitute / Office helds years Office country	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/23/2025	Extra Space	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$537.00	2631 S. Capital Of Texas Hwy	
		Austin, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		☐ Check if Austin, TX, officeholder living expense January Rent for Representative Bonnen's Austin	
		storage unit	
_	Complete ONLY if direct		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Guid	Salaries/	Wages	s/Contract Labor		OTHER (enter a	a category not listed above)
Ļ					e explains now to co	ompi	ete tilis loilli.	-		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 18/58 Rpt: 23/66		Friends of D	r. Greg Bonnen					00067893	
4	Date	5	Payee name							
	02/24/2025		Extra Space							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode				
	\$537.00		•	oital Of Texas Hw	•					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,					
			A	107.40						
		L	Austin, TX 7	8746						
8	PURPOSE OF	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description			
	EXPENDITURE		Office Overh	nead/Rental Expe	nse					nplete Schedule T.
									officeholder livin	en's Austin storage unit
							rebluary Nei	IL IC	יווטם. טסוווי	en s Austin Storage unit
_	- 1 ·					<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ught			Office h	eld
	Date		Payee name							
	02/24/2025		Extra Space	!						
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode				
	\$537.00		2631 S. Car	oital Of Texas Hw	у					
			•		-					
			Austin, TX 7	'8746						
	DUDDOCE	(2)				145				
	PURPOSE OF	(a)		e Categories listed at the		(a)	Description Check if travel	outci	do of Toyas Con	nplete Schedule T.
	EXPENDITURE		Office Overr	nead/Rental Expe	nse		<u> </u>		officeholder livin	
										en's Austin Storage Unit(
							will be credite			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	<u>l</u> uaht			Office h	eld
	expenditure to benefit C/O					3				
-	Data	_								
	Date		Payee name							
	04/23/2025		Extra Space							
	Amount (\$)		Payee addres		State; Zip C	ode				
	\$537.00		2631 S. Car	oital Of Texas Hw	у					
			Austin, TX 7	8746						
	PURPOSE	(a)	Category (Se	e Categories listed at the	ton of this schedule)	(b)	Description			
	OF EXPENDITURE	``		nead/Rental Expe		``		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE			,			X Check if Austin	, TX,	officeholder livin	g expense
								ens	se for State	Rep Dr Bonnen's Austin
							storage unit			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OH									
I										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
1	Sch: 19/58 Rpt: 24/66	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	05/23/2025	Extra Space	
6	Amount (\$) \$537.00	7 Payee address; City; State; Zip Code2631 S. Capital Of Texas Hwy	
	7551.55	2002 C. Capital C. Toxac)	
		Austin, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overrieda/Nerital Experise	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		May rent for i	Representative Bonnen's Austin storage
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experience to benefit of o	•	
	Date	Payee name	
	06/23/2025	Extra Space	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$537.00	2631 S. Capital Of Texas Hwy	
		Austin, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			ee for Representative Bonnen's Austin
		Storage Unit	ce for representative bonners rustin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/10/2025	Floren, Casey	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1801 Clifford Avenue	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T.
	EXI ENDITORE		, TX, officeholder living expense
		wages	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Omoo nolu

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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:			3 Filer ID (Ethics Commission Filers)				
L	Sch: 20/58 Rpt: 25/66	Friends of Dr. Greg Bonnen		00067893				
4	Date 01/07/2025	5 Payee name Foundations Christian Academy						
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Co 670 E Medical Center Blvd	de					
		Webster, TX 77598						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Dinner expense				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held				
	Date	Payee name						
	01/07/2025	Foundations Christian Academy						
	Amount (\$) \$200.00	Payee address; City; State; Zip Co 670 E Medical Center Blvd	de					
		Webster, TX 77598						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign dinner expense				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held				
	Date	Payee name						
	03/07/2025	Fresa's						
	Amount (\$) \$102.88	Payee address; City; State; Zip Co 915 N. Lamar Blvd	de					
		Austin, TX 78703						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch expense for capitol staff				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/58 Rpt: 26/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	06/02/2025	Fresa's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.05	915 N. Lamar Blvd
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch expense for staff
		Editori experise for stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	05/29/2025	Friendswood Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1100 South Friendswood Drive
		Friendswood, TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Chamber of Commerce Car Show Sponsorship
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	05/29/2025	Friendswood Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	1100 South Friendswood Drive
		Friendswood, TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Staff Luncheon Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/58 Rpt: 27/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	05/29/2025	Friendswood Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	1100 South Friendswood Drive
		Friendswood, TX 77546
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Luncheon expense
		Zanoncen expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
	Date	Payee name
	05/28/2025	Friendswood ISD Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.66	302 Laurel
		Friendswood, TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Aimual donation for Education Foundation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davida marea
	03/03/2025	Payee name
		Galveston County Fair and Rodeo
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	10 Jack Brooks Rd
		Hitchcock, TX 77563
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bonnen State Representative br. Greg
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/58 Rpt: 28/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	05/13/2025	Galveston County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,562.81	1100 S Interstate 45
		League City, TX 77573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign Dipper avyages
		Campaign Dinner expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/24/2025	Galveston Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	908 Layfair Place
		Friendswood , TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership fee for Dr. Bonnen and Kim Bonnen
		Membership lee for Dr. Bonnen and Kint Bonnen
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davida dama
	Date 02/24/2025	Payee name
		Galveston Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	908 Layfair Place
		Friendswood , TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Luncheon Expense
		Campaigh Euricheon Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/58 Rpt: 29/66	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
	03/21/2025	Galveston Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00	908 Layfair Place	
		Friendswood , TX 77546	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	04/21/2025	Galveston Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	908 Layfair Place	
		Friendswood , TX 77546	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L Si	taff luncheon expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/09/2025	Galveston Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	908 Layfair Place	
		Friendswood , TX 77546	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Di	Check if Austin, TX, officeholder living expense Conation to 70th anniversary celebration
			onation to rour animorous y colouration
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/58 Rpt: 30/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	03/28/2025	Galveston Seafarer Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.88	221 20th Street
		Galveston, TX 77550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Luncheon expense
		Euroneon expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/14/2025	Go Creative Group
_	Amount (\$)	Payee address; City; State; Zip Code
	\$100,000.00	5511 Parkcrest Drive
	Ψ100,000.00	
		Suite 10
		Austin, TX 78731
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Electronic/digital advertising for State
		Representative Dr. Greg Bonnen
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	06/11/2025	Go Creative Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,953.75	5511 Parkcrest Drive
	Ψ5,333.13	Suite 10
		Austin, TX 78731
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website Update for Representative Dr. Bonnen
		Website opuate for Nepresentative Br. Bollien
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee: Consulting Expense Foot Contributions/ Donations Made By - Gift/ Candidate/Officeholder/Political Committee Legi

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/58 Rpt: 31/66	Friends of Dr. Greg Bonnen	00067893
4 Date	5 Payee name	<u>'</u>
06/11/2025	Go Creative Group	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$37,751.74	5511 Parkcrest Drive	
	Suite 10	
	Austin, TX 78731	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		State Rep Dr. Bonnen campaign text and emails
	0.1111.00	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
03/03/2025	Google Apps	
Amount (\$)	Payee address; City; State; Zip C	Code
\$30.70	1600 Amphitheatre Parkway	
	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Google Apps for staff
		Coogle / topo for stain
Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/OI		
Date	Payee name	
04/02/2025	Google Apps	
Amount (\$)	Payee address; City; State; Zip C	Codo
\$30.70	1600 Amphitheatre Parkway	- Coule
Ψ30.70	1000 Amphiliteatre Farkway	
	Mountain View, CA 04042	
	Mountain View, CA 94043	las
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Google apps for staff
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to co	mpieu	e uns ioini.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Friends of Dr. Greg Bonnen		00067893	
5 Payee name		•	
Google Apps			
7 Payee address; City; State; Zip Co	de		
1600 Amphitheatre Parkway			
Mountain View, CA 94043			
(a) Category (See Categories listed at the top of this schedule)	(b) [Description	
Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.	
·	Ĺ	Check if Austin, TX, officeholder living expense	
	I	nternet App for staff	
		05.	
	ght	Office held	
Payee name			
Google Apps			
	de		
1600 Amphitheatre Parkway			
Mountain View, CA 94043			
(a) Category (See Categories listed at the top of this schedule)	(b) [Description	
Office Overhead/Rental Expense	ַ	Check if travel outside of Texas. Complete Schedule T.	
	L	Check if Austin, TX, officeholder living expense Soogle apps for staff	
	•	sogic apperor etc.	
Candidate/Officeholder name Office sou	aht	Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
•	giit		
			
Payee name	giit		
Payee name Hampton Inn and Suites			
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co			
Payee name Hampton Inn and Suites			
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St			
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St Austin, TX 78701	de		
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule)	de	Description	
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St Austin, TX 78701	de	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule)	(b) [Check if travel outside of Texas. Complete Schedule T.	
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule)	(b) [Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sou	(b) [Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) [Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense egislative travel expense staff	
Payee name Hampton Inn and Suites Payee address; City; State; Zip Co 1701 Lavaca St Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sou	(b) [Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense egislative travel expense staff	
	5 Payee name Google Apps 7 Payee address; City; State; Zip Co. 1600 Amphitheatre Parkway Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office south Payee name Google Apps Payee address; City; State; Zip Co. 1600 Amphitheatre Parkway Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	5 Payee name Google Apps 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Google Apps Payee name Google Apps Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought	

SCHEDULE F1

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

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

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

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

	andidate/Officenolder/Politica t Card Payment	The Instruction Guide explains how to co	-	ete this form.	o men a	category not listed above)
1 Total	pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch:	28/58 Rpt: 33/66	Friends of Dr. Greg Bonnen			00067893	
4 Date		5 Payee name		1		
03/28	3/2025	Hampton Inn and Suites				
6 Amou	ınt (\$)	7 Payee address; City; State; Zip Co	ode			
	\$490.04	1701 Lavaca St				
		Austin, TX 78701				
8 P	URPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
EXP	OF ENDITURE	Travel Out of District		Check if travel outs		
				Check if Austin, TX Legislative Trav		
				Legislative Trav	CI Expense i	or stan
9 Comp	olete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	l Jaht		Office he	eld
	nditure to benefit C/OI		-9			
Date		Payee name				
	2/2025	Hampton Inn and Suites				
Amou		Payee address; City; State; Zip Co	ode			
7	\$685.87	1701 Lavaca St	<i>-</i>			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Austin, TX 78701				
Pi	URPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	Travel Out of District	(~)	Check if travel outs	ide of Texas. Com	plete Schedule T.
EXP	ENDITURE			Check if Austin, TX		j expense
				Travel expense	for staff	
0	alata ONII V if alima at	Out in the total of the total o			0#: !-	-1.4
	olete <u>ONLY</u> if direct nditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgnt		Office he	eia
Date	7/2025	Payee name				
	7/2025	Hartin, Brigitt				
Amou		Payee address; City; State; Zip Co	ode			
	\$1,000.00	5932 Gorham Glen Ln.				
		A				
		Austin, TX 78739				
P	URPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outs	ide of Tevas Com	nlete Schedule T
EXP	ENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX		
				December pay/b		
	olete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
exper	nditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Magnet/Contract Labor,

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/58 Rpt: 34/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/16/2025	Hartin, Brigitt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$252.63	5932 Gorham Glen Ln.
		Austin, TX 78739
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for Office Supplies
		Reimbursement for Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Power name
	02/04/2025	Payee name
		Hartin, Brigitt
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5932 Gorham Glen Ln.
		Austin, TX 78739
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense January pay
		Sandary pay
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/14/2025	Payee name Hartin, Brigitt
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$602.80	5932 Gorham Glen Ln.
		Austin, TX 78739
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Reimbursement for office supplies
		Treimbursement for since supplies
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/58 Rpt: 35/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/01/2025	Hartin, Brigitt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5932 Gorham Glen Ln.
		Austin, TX 78739
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense April May pay
		7 Will May pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	05/22/2025	Hartin, Brigitt
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,013.22	5932 Gorham Glen Ln.
		Austin, TX 78739
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for committee/staff gifts
		Troining area manufacture and a serial manager and
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Power warms
	Date 06/24/2025	Payee name
		Hartin, Brigitt
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,033.38	5932 Gorham Glen Ln.
		Austin, TX 78739
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense Reimbursement for capitol office expenses
		Reimbursement for capitor office expenses
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/58 Rpt: 36/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	06/03/2025	Hartin, Brigitt
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 5932 Gorham Glen Ln.
		Austin, TX 78739
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Hill Country Springs Water
	Amount (\$) \$55.31	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bottled water for capitol staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	Hill Country Springs Water
	Amount (\$) \$13.99	Payee address; City; State; Zip Code 10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bottled Water for Capitol office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/58 Rpt: 37/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/06/2025	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.81	10019 S I -35 Frontage Road
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Bottled water for capitol office
		Bottled Water for Capitor Office
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.65	10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottled water for capitol staff
		Bottled Water for Suprior Staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2025	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.65	10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bottled water for capitol staff
	Complete ONII V if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 33/58 Rpt: 38/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/02/2025	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.65	10019 S I -35 Frontage Road
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottled water for capitol staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	04/02/2025	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.82	10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottled water for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2025	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.65	10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottled water for capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	ר

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/58 Rpt: 39/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	05/02/2025	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$163.80	10019 S I -35 Frontage Road
		Austin, TX 78747
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottled water for capitol staff
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.82	10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottled water for Representative Dr. Bonnen's capitol
		office.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/03/2025	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.27	10019 S I -35 Frontage Road
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottled water for Representative Dr. Bonnen's capitol
		office.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	=				3	Filer ID	(Ethics Commission File	ers)
	Sch: 35/58 Rpt: 40/66	Friends of	Or. Greg Bonnen					00067893		
4	Date	5 Payee name								
	01/17/2025	Hilton Gard	len Inn							
6	Amount (\$) \$612.24	7 Payee addre 301 W 17th		State; Zip Co	ode					
		Austin, TX	78701							
8	PURPOSE OF		ee Categories listed at the top	o of this schedule)	(b)	Description	outci	do of Toyon Com	oloto Sabadulo T	
	EXPENDITURE	Travel Out	of District			_		de of Texas. Com officeholder living		
						Legislative Tr				
						3				
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office he	ld	
	Date	Payee name								
	03/24/2025	Hilton Gard	len Inn							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$290.13	301 W 17th	ı St,							
		Austin, TX	78701							
	PURPOSE OF		ee Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living		
						Legislative Tr				
						Logiciativo 11	a	от одрогоо т	or otali	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	03/07/2025	Hopdoddy								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$93.73	1400 Cong	ress Avenue							
		Austin, TX	78704							
	PURPOSE OF	l .	ee Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com officeholder living		
						Capitol staff I			expense	
						Japitor Starr	J. 10			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	H								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nse Tra ense Tra es/Contract Labor OT

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/58 Rpt: 41/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/18/2025	Hyatt House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$765.13	901 Neches St,
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legislative Travel Expense
		Logiolatio Havoi Exponos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/07/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,170.00	1500 Pennsylvania Ave
		District of Columbia, MD 20222
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Taxes paid on interest earned on money market
		account
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/14/2025	Jets Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.62	3003 Lamar
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Dinner expense for capitol staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/58 Rpt: 42/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	03/31/2025	Jimmy Fullen Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,041.98	P.O. Box 152
		Santa Fe, TX 77510
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/10/2025	Jimmy Johns
	Amount (\$)	Payee address; City; State; Zip Code
	\$284.48	515 Congress Avenue Suite
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner expense capitol staff
		Diffici expense capitor stair
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Pouce name
	01/17/2025	Payee name Kerbey Lane
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.43	2606 Guadalupe St
		Aughin TV 7070E
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff breakfast expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/58 Rpt: 43/66	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	•
	04/02/2025	Kuntry Katfish	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$33.35	5901 W Davis St,	
		Conroe, TX 77304	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	Travel Out of District	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	-	ck if Austin, TX, officeholder living expense
		Travel	lunch expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/17/2025	LaBrisa Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.08		
	Φ23.00	501 N. Wesley Dr.	
		League City, TX 77573	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE		ck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		ck if Austin, TX, officeholder living expense
		Repre	sentative Bonnen campaign dinner expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/17/2025	LaBrisa Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	501 N. Wesley Dr.	
	Ψ+0.00	JOI IV. Wesley Dr.	
		League City, TX 77573	
	PURPOSE		ation
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	OUON ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Beverage Expense	ck if Austin, TX, officeholder living expense
			aign luncheon expense
		'	•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Canada Sought	Sillot Hold

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/58 Rpt: 44/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/19/2025	LaBrisa Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	501 N. Wesley Dr.
		League City, TX 77573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Luncheon Expense
		Campaign Editoricon Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/10/2025	LaBrisa Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	501 N. Wesley Dr.
	Ψ40.00	301 N. Wesley Dr.
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign luncheon expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to belieff C/Or	
	Date	Payee name
	05/07/2025	LaBrisa Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	501 N. Wesley Dr.
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign Lunchcon expense
		Campaign Luncheon expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 40/58 Rpt: 45/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	01/27/2025	Lacina, Elizabeth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	113 Shannons Way
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		December Pay/ Bonus
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	06/11/2025	Lacina, Elizabeth
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	113 Shannons Way
		Buda, TX 78610
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wages
		wages
_	Computate ONLY if diseast	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/20/2025	Law Enforcement Alliance For Galveston County
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1252 Briar Creek Dr.
		Friendswood, TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation made by State Rep Dr. Greg Bonnen
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/58 Rpt: 46/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/24/2025	League City Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$335.00	1101 W. Main
		League City, TX 77573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		State Representative Dr. Greg Bonnen membership
		fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	01/23/2025	Lighthouse Christian Ministries
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,033.37	800 Grand Ave.
		Bacliff, TX 77518
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to non- profit
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2025	Lone Star Flight Museum
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	11551 Aerospace Ave,
		Houston, TX 77034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Luncheon expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	T	-
-	Sch: 42/58 Rpt: 47/66	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	+
	06/25/2025	M. I. Lewis Social Center	
_			_
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 215 FM 517	
	φ1,000.00	210 1 W O17	
		Diakingan TV 77520	
Ļ		Dickinson, TX 77539	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation for annual gala/ fundraiser	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Date	Payee name	=
	02/05/2025	Microsoft	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	-
	\$140.71	911 Willow Rd NE	
	Ψ1π0.11		
		Redmond, WA 98052	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Microsoft Office Suite subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
	Date	Payee name	╡
	04/22/2025	Minuteman Printing	
	Amount (\$)	Payee address; City; State; Zip Code	٦
	\$102.73	209 E Edgewood Dr,	
		Friendswood, TX 77546	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Printing costs for State Rep Dr. Greg Bonnen	
		1 many seed for state rep 51. Steg Bottlett	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
			-

SCHEDULE F1

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

Fees Office Overhead/Rent
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contr

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/58 Rpt: 48/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/16/2025	Momentum Academy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$330.69	18096 Kings Row
		Houston, TX 77058
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Dinner expense
		Sampaigh Dillier expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/22/2025	Montgomery, John
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1009 Arcadia Ave.
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense December pay/bonus
		December payroonus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davies same
	Date 06/09/2025	Payee name Move and Care
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.50	5453 Burnet Rd #134,
		Austin, TX 78756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		apartment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	,
	Sch: 44/58 Rpt: 49/66	Friends of Dr. Greg Bonnen 00067893	
4		5 Payee name	
L	06/20/2025	Old Central Cultural Center	
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code P.O. Box 2111	
	\$40.00	P.O. BOX 2111	
		Galveston, TX 77553-2111	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Juneteenth Celebration Dinner	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
F	Date	Payee name	_
	06/02/2025	Old Central Cultural Center	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	P.O. Box 2111	
		Galveston, TX 77553-2111	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Juneteenth Celebration Dinner expense	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date 02/12/2025	Payee name Olive Garden	
L	Amount (\$)		
	\$47.74	Payee address; City; State; Zip Code 162 N Bypass 35	
	·	7,	
		Alvin, TX 77511	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Staff luncheon meeting expense	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)	
	Sch: 45/58 Rpt: 50/66	Friends of Dr. Greg Bonnen			00067893		
4	Date	5 Payee name					
	06/11/2025	Olive Garden					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$38.90	162 N Bypass 35					
		Alvin, TX 77511					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description				_
	OF EXPENDITURE	Food/Beverage Expense		l outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		_		, officeholder living	g expense	
			Luncheon e	xpe	nse for staff		
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:				0.00		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	i		Office he	eld	
┡	·						
	Date	Payee name					
	01/06/2025	Picard, Fay					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,200.00	2885 Diamond Bay Dr					
l							
		Dickinson, TX 77539					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description Description				
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	ш		ide of Texas. Com , officeholder living		
l			December F		, onicendaer iiving	у ехрепос	
				,			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	<u> </u>		Office he	eld	
	expenditure to benefit C/OI						
F	Date	Payee name					
	01/06/2025	Picard, Fay					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$790.09	2885 Diamond Bay Dr					
		•					
		Dickinson, TX 77539					
	PURPOSE) Description				
	OF	Travel In District		l outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Traver in Biodiec			, officeholder living		
			In District tra	avel	reimbursem	ent	
L							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough			Office he	eld	
	experience to beliefit 6/01	•					

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 46/58 Rpt: 51/66	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	_
l	02/05/2025	Picard, Fay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,200.00	2885 Diamond Bay Dr	
l			
l		Dickinson, TX 77539	
8	PURPOSE	1	_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		January Pay	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Grot		
l	Date	Payee name	
l	03/11/2025	Picard, Fay	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$1,200.00	2885 Diamond Bay Dr	
l			
l		Dickinson, TX 77539	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	
l		Check if Austin, TX, officeholder living expense February Pay	
l		residally ray	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI		
⊨	Date	Payee name	=
l	04/07/2025	Picard, Fay	
┝		· · · · · · · · · · · · · · · · · · ·	
l	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2885 Diamond Bay Dr	
l	Ψ1,200.00	2003 Diamond Bay Di	
l		Diakingan TV 77520	
┕		Dickinson, TX 77539	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		March Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

spense Event Expense Loan Repayment/Reimbu

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 47/58 Rpt: 52/66	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	•
	04/24/2025	Picard, Fay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,200.00	2885 Diamond Bay Dr	
		Dickinson, TX 77539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			April Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
-	Date	Province of the control of the contr	
	06/02/2025	Payee name Picard, Fay	
		-	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	2885 Diamond Bay Dr	
		Di Line TV 77500	
		Dickinson, TX 77539	
	PURPOSE OF		Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			May wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	.		
	Date	Payee name	
	01/30/2025	Payee name Purple Sage Strategies LLC	
		•	
	01/30/2025	Purple Sage Strategies LLC	
	01/30/2025 Amount (\$)	Purple Sage Strategies LLC Payee address; City; State; Zip Code	
	01/30/2025 Amount (\$)	Purple Sage Strategies LLC Payee address; City; State; Zip Code	
	01/30/2025 Amount (\$)	Purple Sage Strategies LLC Payee address; City; State; Zip Code 106 Los Balcones PL NE Rio Rancho, NM 87124-4369	Description
	01/30/2025 Amount (\$) \$12,000.00 PURPOSE OF	Purple Sage Strategies LLC Payee address; City; State; Zip Code 106 Los Balcones PL NE Rio Rancho, NM 87124-4369	Description Check if travel outside of Texas. Complete Schedule T.
	01/30/2025 Amount (\$) \$12,000.00	Purple Sage Strategies LLC Payee address; City; State; Zip Code 106 Los Balcones PL NE Rio Rancho, NM 87124-4369 (a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	01/30/2025 Amount (\$) \$12,000.00 PURPOSE OF	Purple Sage Strategies LLC Payee address; City; State; Zip Code 106 Los Balcones PL NE Rio Rancho, NM 87124-4369 (a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	01/30/2025 Amount (\$) \$12,000.00 PURPOSE OF EXPENDITURE	Purple Sage Strategies LLC Payee address; City; State; Zip Code 106 Los Balcones PL NE Rio Rancho, NM 87124-4369 (a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting for Representative Dr. Greg Bonnen
	01/30/2025 Amount (\$) \$12,000.00 PURPOSE OF	Purple Sage Strategies LLC Payee address; City; State; Zip Code 106 Los Balcones PL NE Rio Rancho, NM 87124-4369 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting for Representative Dr. Greg
	O1/30/2025 Amount (\$) \$12,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Purple Sage Strategies LLC Payee address; City; State; Zip Code 106 Los Balcones PL NE Rio Rancho, NM 87124-4369 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting for Representative Dr. Greg Bonnen
	O1/30/2025 Amount (\$) \$12,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Purple Sage Strategies LLC Payee address; City; State; Zip Code 106 Los Balcones PL NE Rio Rancho, NM 87124-4369 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting for Representative Dr. Greg Bonnen

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/58 Rpt: 53/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	02/07/2025	Rotary Club of Seabrook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	2425 NASA Parkway
		Seabrook, TX 77586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign dinner expense
		Campaigh ainner expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/14/2025	Ryan Database & Research
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 202675
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		State Representative Bonnen Christmas Card 2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/11/2025	SANTA FE CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	12408 Texas 6
		SANTA FE, TX 77510
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff luncheon expense
		Stati function expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/58 Rpt: 54/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	06/12/2025	SANTA FE CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.80	12408 Texas 6
		SANTA FE, TX 77510
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff luncheon expense
		Guar tarionos ir expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/26/2025	Santa Fe Texas Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	13304 Hwy 6
	Ψ1,000.00	15504 HWy 0
		Santa Fe, TX 77510
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual donation from State Rep Dr. Greg Bonnen
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/03/2025	Savannah Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.95	14020 Galveston Rd
		Webster, TX 77598
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		Staff luncheon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete	e this form.
1	. •	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 50/58 Rpt: 55/66	Friends of Dr. Greg Bonnen		00067893
4		5 Payee name		
	01/27/2025	Staples		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$28.65	19335 Gulf Freeway		
		Webster, TX 77598		
8	PURPOSE		h) 5	No accidentations
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	υ, _L	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Since Granicataritaria Expense	Ī	Check if Austin, TX, officeholder living expense
			C	Office supplies
Ļ	Operation ONLY if dispose	Out til det 10ff och blider under	l- 4	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
⊨	Date	Pausa nama		
	02/25/2025	Payee name Staples		
┝	Amount (\$)	Payee address; City; State; Zip Code	<u>e</u>	
	\$47.61	19335 Gulf Freeway		
	,			
		Webster, TX 77598		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Ĺ	Check if Austin, TX, officeholder living expense Office Supplies
				этисе опринез
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	02/03/2025	TDCJ Manufacturing and Logistics		
Г	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$330.16	P.O. Box 4013		
		Huntsville, TX 77342		
	PURPOSE OF	,	b) [Description
	EXPENDITURE	Gift/Awards/Memorials Expense	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			F	Porch Rocker Chair
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 51/58 Rpt: 56/66	2 FILER NAME Friends of Dr. Greg Bonnen 3 Filer ID (Ethics Commission Filers) 00067893
4	Date 02/03/2025	5 Payee name TDCJ Manufacturing and Logistics
6	Amount (\$) \$1,766.64	7 Payee address; City; State; Zip Code P.O. Box 4013
8	PURPOSE OF EXPENDITURE	Huntsville, TX 77342 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 4 Constitutional Chairs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/17/2025	Payee name TDCJ Manufacturing and Logistics
	Amount (\$) \$541.25	Payee address; City; State; Zip Code P.O. Box 4013 Huntsville, TX 77342
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constitutional Chairs to be donated
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/28/2025	Payee name TDCJ Manufacturing and Logistics
	Amount (\$) \$487.13	Payee address; City; State; Zip Code P.O. Box 4013
		Huntsville, TX 77342
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Purchase of items for donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 52/58 Rpt: 57/66 Friends of Dr. Greg Bonnen 00067893 4 Date Payee name 05/23/2025 TDCJ Manufacturing and Logistics 6 Amount (\$) Payee address; City; State; Zip Code \$259.80 P.O. Box 4013 Huntsville, TX 77342 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff and Committee gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/23/2025 TDCJ Manufacturing and Logistics Amount (\$) Payee address; City; State; Zip Code \$441.66 P.O. Box 4013 Huntsville, TX 77342 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constitutional Chairs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/06/2025 TDCJ Manufacturing and Logistics Amount (\$) Payee address: City: State; Zip Code \$1.866.23 P.O. Box 4013 Huntsville, TX 77342 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Purchase of constitutional chairs and Texas flags Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/58 Rpt: 58/66	Friends of Dr. Greg Bonnen 00067893
4	Date	5 Payee name
	04/11/2025	Tacodeli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$333.58	301 Congress Avenue
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Capitol dinner expense legislative staff
		Supitor diffici expense registative stati
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Dougo nama
	02/26/2025	Payee name Tayon City La Margue Chamber of Commerce
		Texas City LaMarque Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	9702 Emmett F Lowery Parkway
		Texas City, TX 77591
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Luncheon Expense for staff
	Compulate ONLY if direct	Condidate/Office helds name Office accepts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2025	Texas Federation of Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.06	515 Capital of Texas Highway, Suite 133
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Dinner expense
_	Complete ONII V if allows:	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 54/58 Rpt: 59/66	Friends of Dr. Greg Bonnen 00067893	
4	Date	5 Payee name	_
	03/04/2025	Texas House Republican Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	PO BOX 13305	
		Austin, TX 78711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Membership fees for Representative Dr. Greg	
		Bonnen Bonner	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
_	Data		=
	Date	Payee name	
	03/17/2025	Texas House of Representatives	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$231.22	P.O. Box 2910	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Texas Capitol flags	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	=
	04/16/2025	Texas House of Representatives	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$21.65	P.O. Box 2910	
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Texas Capitol Flag	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 55/58 Rpt: 60/66	Friends of Dr. Greg Bonnen		00067893
4	Date	5 Payee name		•
	05/27/2025	Texas House of Representatives		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$23.12	P.O. Box 2910		
		Austin, TX 78768		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Texas Capitol Flag
				, ,
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/OI	1		
_	Date	Payee name		
	05/20/2025	The Bridge		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$218.00	3811 Allen-Genoa Rd		
		Pasadena, TX 77504		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	ZAI ZAISTONZ			Check if Austin, TX, officeholder living expense Dinner expense for staff
				Diffici expense for stall
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	t Office held
	expenditure to benefit C/OI		9	. Cines nou
-	Date	Payee name		
	06/16/2025	Third Coast Bank		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$32.00	1850 Pearland Pkwy		
		,		
		Pearland, TX 77581		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	Accounting/Banking	(3)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				NSF Return Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	t Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 56/58 Rpt: 61/66	Friends of Dr. Greg Bonnen	00067893
4	Date	5 Payee name	
Ļ	03/03/2025	Titaya's Thai Cuisine	
6	Amount (\$) \$110.96	7 Payee address; City; State; Zip Code 5501 N Lamar STE C101	
	φ110.90	SSOT IN Lamai STE CTOT	
		Austin, TX 78751	
8	PURPOSE		Description
ľ	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Staff luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	04/08/2025	Tumble2Hot Chicken	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.18	7211 Burnett Road	
		Austin, TX 78757	
	PURPOSE OF	_ (Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Dinner expense for capitol staff
L			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
╞			
	Date 03/24/2025	Payee name Tyra, Richard	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00	Hwy 2004	
		Santa Fe, TX 77510	
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Campaign Dinner expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 57/58 Rpt: 62/66	Friends of Dr. Greg Bonnen 00067893						
4	Date	5 Payee name						
	05/14/2025	UBER Eats						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$187.15	405 Howard St						
		San Francisco, CA 94105						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense						
	LAI LINDITORE	Check if Austin, TX, officeholder living expense						
		Lunch expense for capitol staff						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Oi	1						
	Date	Payee name						
	01/07/2025	United States Post Office						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$146.00	310 Morningside Dr.						
		Friendswood, TX 77546						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Postage						
		1 ootage						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH								
H	Date	Payee name						
	05/21/2025	United States Post Office						
	Amount (\$) \$13.20	Payee address; City; State; Zip Code						
	\$13.20	310 Morningside Dr.						
		Friendswood, TX 77546						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Postage expense for mailing flag						
		1 ostage expense for maining may						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Grift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	·		The Instruction Guide ex	cplains how to co	mplete this form.	_				
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)		
	Sch: 58/58 Rpt: 63/66	Friends of	Dr. Greg Bonnen				00067893			
4	Date	5 Payee name)							
	04/10/2025	Yagas Cafe	e							
6	Amount (\$) \$38.35	7 Payee addre 2314 The S Galveston,	Strand	State; Zip Co	ode					
_	PURPOSE				(6) 5					
8	OF EXPENDITURE	Travel Out		(b) Description District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff dinner expense for out of district travel						
9	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Office sou	ght		Office h	eld		

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

SCHEDULE K

_									
	The Instruction Guide explains how to complete this form.						ages Schedule K: /3 Rpt: 64/66		
2	FILER NAME	LER NAME 3 Filer ID					ion Filers)		
					0678	393			
4	Date	5 Name of person from whom amount is received		8 Amount (\$)					
	06/22/2025	Friends of Hank Dugie				· / (+)	\$1,766.64		
	00/22/2023						Ψ1,700.04		
		6 Address of person from whom amount is received; City; State; Zip Code							
		Loogue City TV 77572							
		League City, TX 77573							
			olitio	cal c	contri	bution returned to f	iler		
_		Reimbursement of constitutional chairs purchase							
_	Date	Name of person from whom amount is received				Amount (\$)			
	06/22/2025	Gables Republic Square					\$770.74		
		Address of person from whom amount is received; City; State; Zip Code							
		Address of person from amount is received, "Sity, State, Elp Sode							
		Atlanta, GA 30326							
			oliti	cal c	ontri	bution returned to f	ilor		
		Deposit Refund for Austin Apartment	UIILI	carc	JUHUH	bullon returned to i	IICI		
_									
	Date	Name of person from whom amount is received				Amount (\$)			
	06/22/2025	Gables Republic Square				\$264.09			
		Address of person from whom amount is received; City; State; Zip Code							
		Atlanta, GA 30326							
		Purpose for which amount is received	olitio	cal c	contri	bution returned to f	iler		
		Austin Apartment Deposit Refund							
_	Date	Name of person from whom amount is received				Amount (\$)			
	02/04/2025	Pastoral & Chaplain Services					\$408.00		
		Address of person from whom amount is received; City; State; Zip Code					,		
		Address of person from whom amount is received. City, State, Zip Code							
		League City, TX 77573							
			- I:4:			bution votume of to 4	:1		
		Purpose for which amount is received	OIITIO	cai c	contri	bution returned to f	lier		
_		Reimbursement for Constitutional Chair							
	Date	Name of person from whom amount is received				Amount (\$)			
	01/02/2025	Third Coast Bank					\$335.00		
		Address of person from whom amount is received; City; State; Zip Code							
		Humble, TX 77347							
		Purpose for which amount is received Check if p	olitio	cal c	contri	bution returned to f	iler		
		Refund of fraudulent charge							

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

SCHEDULE K

	The Instru	ages Schedule K: :/3 Rpt: 65/66			
2	FILER NAME		3	Filer II	D (Ethics Commission Filers)
					7893
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
	02/02/2025	Third Coast Bank			\$5,502.03
	02/02/2023				
		6 Address of person from whom amount is received; City; State; Zip Code			
		Humble, TX 77347			
					tuile, stiese west sweet to files
		Interest earned on Money Market account	ponu	cai con	tribution returned to filer
		interest earned on woney warket account			
	Date	Name of person from whom amount is received			Amount (\$)
	03/02/2025	Third Coast Bank			\$4,607.08
		Address of person from whom amount is received; City; State; Zip Code			"
		Humble, TX 77347			
		Purpose for which amount is received	politi	cal con	tribution returned to filer
		Interest Earned on Money Market Account			
	Date	Name of person from whom amount is received			Amount (\$)
	03/31/2025	Third Coast Bank			\$4,740.04
		Address of person from whom amount is received; City; State; Zip Code			
		Humble, TX 77347			
		Purpose for which amount is received Check if	politi	cal con	tribution returned to filer
		Interest Earned on Money Market Account			
-	Date	Name of person from whom amount is received			Amount (\$)
	04/30/2025	Third Coast Bank			\$4,717.91
	0-1/00/2020				
		Address of person from whom amount is received; City; State; Zip Code			
		Humble, TX 77347			
			noliti	cal con	
		Interest gained on Money Market Account	ponti	cai con	tribution retained to lile
_		, ,			1
	Date	Name of person from whom amount is received			Amount (\$)
	06/30/2025	Third Coast Bank			\$2,228.91
		Address of person from whom amount is received; City; State; Zip Code			
		Userble TV 77047			
		Humble, TX 77347			
			politi	cal con	tribution returned to filer
		Interest earned on Money Market account			
l					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 66/66 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of Dr. Greg Bonnen 00067893 8 Amount (\$) Date 5 Name of person from whom amount is received 06/01/2025 \$4,982.39 Third Coast Bank 6 Address of person from whom amount is received; City; State; Zip Code Humble, TX 77347 Purpose for which amount is received Check if political contribution returned to filer Interest earned on Money Market account