# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple		1 Filer ID (Ethics Commi 00069477		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	William T.			Date Received	
					ELECTRONICA	JIY EII ED
					07/15/2025	(LLTTTLLD
	NICKNAME	LAST		SUFFIX	01/13/2023	
	Will	Metcalf				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	195 Lake View Circle					_
ADDRESS					Receipt #	Amount
Change of Address	Montgomery, TX 77356					
'-					Date Processed	
					Data Imaged	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Jill S.		IVII		
NAME	IVII 5.	JIII 3.				
	NICKNAME	LAST		SUFFIX		
		Vaughan				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	12575 Pearson Rd.					
(Residence or Business)						
(,	Montgomery, TX 77356					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(713) 899-9657					
<b>a</b> DEDODT						
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after can	nnaign traasurar
		J Sour day before	election	Runon	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
		_	_	reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/03/2026	l∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 16 Montgom	ierv	State Represent		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 85

Metcalf, William T. (T	he Honorable)	<b>14</b> Filer ID (00069477	Ethics Commission Filers)			
candidate / officeholder.	These expenditures may have been made w	vithout the candidate's or office	holder's knowledge or			
COMMITTEE TYPE	COMMITTEE NAME					
GENERAL						
	COMMITTEE ADDRESS					
SPECIFIC						
	COMMITTEE CAMPAIGN TREASURER N	AME				
	COMMITTEE CAMPAIGN TREASURER A	DDRESS				
			\$ 0.00			
		LOANS)	\$ 55,255.00			
PENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TALS						
4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 168,624.85			
		THE LAST DAY OF THE	\$ 388,665.02			
		NS AS OF THE LAST DAY	\$ 0.00			
	true and correct and incl	ludes all information required to				
	The	Honorable William T. Metc	alf			
TARY STAMP / SEAL AB	DVE					
cribed before me, by the s	aid	, this the	day			
cer administering	Printed name of officer administering	Title of officer	administering oath			
	This box is for notice of pandidate / officeholder. consent. Candidates and COMMITTEE TYPE  GENERAL  SPECIFIC  1. TOTAL UNITEMI OR GUARANTEI  2. TOTAL POLITIC (OTHER THAN F.)  3. TOTAL UNITEMI  4. TOTAL POLITIC REPORTING PE  6. TOTAL PRINCIP OF THE REPOR	candidate / officeholder. These expenditures may have been made exponsent. Candidates and officeholders are required to report this info  COMMITTEE TYPE	This box is for notice of political contributions accepted or political expenditures made by political condidate / officeholder. These expenditures may have been made without the candidates or office consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates and officeholders are required to report this information only if they receive no consent of the consent of			

### **SUBTOTALS - C/OH**

### FORM COH **COVER SHEET PG 3**

					3 01 85
_	ER NAMetcalf, V	Villiam T. (The Honorable)	19 Filer ID 00069477	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	53,625.00
2.	Х	\$	1,630.00		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	168,624.85	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	4.00

	MONET	ARY POLITICAL CONTRIBUTI	ON	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/85	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Conroe, TX 77304 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Homemaker	,		Homemaker	,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID Arthur Jr, Jerry  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Dringing Lagor	Montgomery, TX 77316	_	Franks or (Cook last webis as	<u></u>		
	Manager	pation / Job title (See Instructions)		Employer (See Instructions  Montgomery Trailer Sal			
	Date 06/27/2025	Full name of contributor out-of-state PAC (IDBartholet, Todd  Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$500.00
		Montgomery, TX 77356					
	Principal occu <sub>l</sub> Owner	pation / Job title (See Instructions)		Employer (See Instructions Bartholet Home Furnish		S	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID Beck, Gary  Contributor address; City; State; Zip Code  Conroe, TX 77304		)		Amount of Contribution (\$)	\$100.00
	Principal occup	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID Bell, Crystal  Contributor address; City; State; Zip Code  Montgomery, TX 77316				Amount of Contribution (\$)	\$250.00
	Principal occu Homemaker	oation / Job title (See Instructions)		Employer (See Instructions Homemaker	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/85	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/24/2025	Billingsley, Leigh	ate PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	l <sub>9</sub>	Employer (See Instructions	) 		
0	Retired	oation 7 300 title (See Instructions)		Retired	')		
	Date 06/25/2025	Blackridge		)		Amount of Contribution (\$)	\$2,500.00
	Dringing aggr	Austin, TX 78701		Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/26/2025	Full name of contributor out-of-sta  Boulware, Ryan  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Conroe, TX 77304					
	Principal occu RPLS	pation / Job title (See Instructions)		Employer (See Instructions Rods Inc	5)		
	Date 06/27/2025	Carr, David		)		Amount of Contribution (\$)	\$25.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Color Interiors	()		
	Date 06/27/2025	Carr, Joan		)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	()		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/85	
2	FILER NAME Metcalf, Willi	iam T. (The Honorable)		3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Chapman, Annette</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$1,000.00
•	Dringing Logg	Conroe, TX 77304	Continue (Continue in the Indian			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_ Conroe Professional Firefighters PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	Conroe, TX 77305 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ DTH Strategies LLC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Darcy, Karen Contributor address; City; State; Zip Code  Montgomery, TX 77356-8423			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Dauzat, Rosalind Contributor address; City; State; Zip Code Conroe, TX 77304			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/85	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/26/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
8	Dringing aggr	Montgomery, TX 77316	٦٥	Employer (See Instructions	<u>,,</u>		
•	Homemaker	pation / Job title (See Instructions)	9	Homemaker	·)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Dominey Jr, Barkley  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
		Conroe, TX 77304					
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions ProMed Realty Services			
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Eckstrum, John  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$250.00
		Montgomery, TX 77356					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Ehra Engineering PAC Contributor address; City; State; Zip Code Houston, TX 77042		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Ellison, Bill  Contributor address; City; State; Zip Code  Conroe, TX 77304		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Ellison Development	s)		
			1	· · · · · · · · · · · · · · · · · · ·			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/85	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	n Filers)
4	Date 06/30/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
_	Daine in a la casa	Montgomery, TX 77316	_	Frankrica (Octobritània			
8	homemaker	pation / Job title (See Instructions)	9	Employer (See Instructions homemaker	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Gentz, Deborah Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Montgomery, TX 77316 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Retired	· · ·		Retired			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Grant, Kathy Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Kathy Grant Group LLC	•		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Grohs, Birgitta  Contributor address; City; State; Zip Code  Montgomery, TX 77356		)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Hoffart, Steven  Contributor address; City; State; Zip Code  Conroe, TX 77384				Amount of Contribution (\$)	\$100.00
	Principal occu Pharmaciat	pation / Job title (See Instructions)		Employer (See Instructions Magnolia Pharmacy	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/85	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	n Filers)
4	Date 06/26/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Jackson, Kathleen</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Janjan, Nora  Contributor address; City; State; Zip Code  Conroe, TX 77304		Retired	•	Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Johnson, Stephanie  Contributor address; City; State; Zip Code	:	)		Amount of Contribution (\$)	\$200.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> s)		
	Date 06/30/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate I	Conroe, TX 77301 pation / Job title (See Instructions) Broker		Employer (See Instructions Self-employed	<u> </u> s)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Jones, Carolyn  Contributor address; City; State; Zip Code  Montgomery, TX 77356				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/85	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	n Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
	Homemaker	salion / oob tille (ooe molladions)	•	Homemaker	,,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Kate, Martha Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Retired	odion 7 oob title (See mattactions)		Retired	,,		
	Date 06/30/2025	Full name of contributor				Amount of Contribution (\$)	\$1,000.00
		Montgomery, TX 77316			_		
	-	pation / Job title (See Instructions) ner/entrepreneur		Employer (See Instructions K4 Environmental	5)		
	Date 06/27/2025	Full name of contributor		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_Link, Sharyn  Contributor address; City; State; Zip Code  Montgomery, TX 77356				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/85	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_McKinley, Jessica</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$100.00
_	Dringing Loon	Montgomery, TX 77316	٦	Employer (See Instructions	<u></u>		
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Color Interiors	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_McKinnon, Gail  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	1	Employer (See Instructions	 ;)		
	Retired			Retired			
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_Meador, Nicole  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
		Montgomery, TX 77356					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Clearview Real estate	<u>(</u>		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Melder, Webb  Contributor address; City; State; Zip Code  Conroe, TX 77305				Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_Metcalf, Mary Ann  Contributor address; City; State; Zip Code  Conroe, TX 77305		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this forn	n.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/85	
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/25/2025	<ul><li>5 Full name of contributor [Metcalf III, Leo Thomas</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Conroe, TX 77305 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor  Meza, Debbie  Contributor address; City; Sta  Montgomery, TX 77356	out-of-state PAC (ID#:te; Zip Code	Retired		Amount of Contribution (\$)	\$150.00
	Principal occu Admin Asst	pation / Job title (See Instructions)		Employer (See Instructions First Methodist Willis	)		
	Date 06/23/2025	Full name of contributor Michalk, Dan Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Spring, TX 77380 pation / Job title (See Instructions)		Employer (See Instructions Waterway Wealth Mgmt			
	Date 06/28/2025	Full name of contributor  Milleson, Gary  Contributor address; City; Sta  Montgomery, TX 77316				Amount of Contribution (\$)	\$250.00
	Principal occu M&A Advisor	pation / Job title (See Instructions)		Employer (See Instructions Generational Equity	)		
	Date 06/27/2025	Full name of contributor  Moak Casey PAC  Contributor address; City; Sta  Austin, TX 78746	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/85			
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/30/2025	ate 5 Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$50.00
_	5	Montgomery, TX 77356	- Ia	5 1 (0 1 : 1			
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 06/26/2025					Amount of Contribution (\$)	\$1,000.00
	Delicalization	Montgomery, TX 77316		Frankrije (Gardenskinskinskinskinskinskinskinskinskinski	Ĺ		
	Principal occu Precast Man	pation / Job title (See Instructions) ufacturing		Employer (See Instructions Summit Precast Concre			
	06/26/2025 Oliphant, Jason		out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Conroe, TX 77303					
	Principal occu Fire chief	pation / Job title (See Instructions)		Employer (See Instructions Montgomery County ES	•		
	06/25/2025 Pardue, Leslie			)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	()		
	Date 06/26/2025			Amount of Contribution (\$)	\$500.00		
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Vernon's Kuntry Bbq	)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/85		
2	FILER NAME Metcalf, Willi	iam T. (The Honorable)		3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#:_ Ron Lewis & Associates  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Austin, TX 78701-2157  pation / Job title (See Instructions)	9 Employer (See Instructions			
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) 		
	Date 06/27/2025				Amount of Contribution (\$)	\$500.00
Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See						
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00
		Willis, TX 77318  pation / Job title (See Instructions)	Employer (See Instructions	)		
06/26/2025 Se		Full name of contributor out-of-state PAC (ID#:_ Sequeira, Simon Contributor address; City; State; Zip Code Magnolia, TX 77354	Sequeira, Simon Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00
	Principal occupation / Job title (See Instructions)  President/CEO  Employer (See Instructions)  Quadvest Utility					
	Date  Full name of contributor out-of-state PAC (ID#:)  Simmons, Justin  Contributor address; City; State; Zip Code  Montgomery, TX 77316				Amount of Contribution (\$)	\$500.00
	Principal occu Sales Engine	pation / Job title (See Instructions) eer	Employer (See Instructions Carrier	)		

	MONET	ARY POLITICAL CO	SCHEDULE A				
	The Instru	ction Guide explains how to	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/85			
2	FILER NAME Metcalf, Willi	am T. (The Honorable)			3	Filer ID (Ethics Commission 00069477	on Filers)
4	Date 06/27/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$500.00
_		Willis, TX 77318	<u> </u>				
8	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions DEKRA North America	)		
	Date 06/25/2025					Amount of Contribution (\$)	\$2,500.00
		Conroe, TX 77305					
	Group	pation / Job title (See Instructions)		Employer (See Instructions Spikes Group	)		
	Date Full name of contributor out-of-state PAC (ID#:_06/30/2025 Staton, Genette  Contributor address; City; State; Zip Code		•	)		Amount of Contribution (\$)	\$100.00
		Montgomery, TX 77356					
	Principal occu LPC	pation / Job title (See Instructions)		Employer (See Instructions Genette Stanton Therap		LLC	
	06/27/2025 Stoecker, Michael		out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu Owner		Employer (See Instructions Stoecker Corporation	)			
	Date Full name of contributor out-of-state PAC (ID#:			)		Amount of Contribution (\$)	\$50.00
	Principal occu Public Relati	pation / Job title (See Instructions) ons		Employer (See Instructions Taylorized PR	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A			
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/85		
2	FILER NAME Metcalf, Willi	am T. (The Honorable)		3	Filer ID (Ethics Commissio 00069477	n Filers)
4	Date 06/23/2025	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$5,000.00	
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/28/2025				Amount of Contribution (\$)	\$500.00
	Dringing Lagra	Magnolia, TX 77304	Franks on (Cas Instructions	_		
	Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:  06/26/2025 Woodall, Dorothy  Contributor address; City; State; Zip Code  Montgomery, TX 77356		)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	()		
	Date O6/25/2025 Full name of contributor out-of-state PAC (ID#:) Yeary, Kyle Contributor address; City; State; Zip Code  Montgomery, TX 77356				Amount of Contribution (\$)	\$250.00
	Principal occu Risk advisor	pation / Job title (See Instructions) owner	Employer (See Instructions First Insurance Services			

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/85 3 Filer ID (Ethics Commission Filers) FILER NAME Metcalf, William T. (The Honorable) 00069477 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 Associated Republicans of Texas Campaign Fund \$1,000.00 | Campaign Digital 7 Contributor address; City; State; Zip Code Advertising Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/24/2025 Kelley, Russell \$630.00 | Campaign - costs Contributor address; City; State; Zip Code associated with a reception held Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Blackridge Government Affairs Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### 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: 1/67 Rpt: 18/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	03/31/2025	Alexander Dubose & Jefferson LLP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15,000.00	1844 Harvard Street
		Houston, TX 77008
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Legal Services
		Campaigh Legal Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
H	Date	Payee name
	05/22/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.13	410 Terry Ave N
	Ψ1.10	410 Telly / We IV
		Seattle, WA 98109
	DUDDOCE	T
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Gift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gift/Awards -Tissue paper for committee gift bags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/23/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gift/Awards-Ribbon for committee gift bags
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/Of	•

#### 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	wages/Contract Labor OTHER (enter a category not listed above)  with the contract Labor of the contract category in the catego				
1 Total pages Schedule F1: Sch: 2/67 Rpt: 19/85	2 FILER NAME Metcalf, William T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069477				
<u> </u>						
4 Date	5 Payee name					
05/23/2025	Amazon					
6 Amount (\$) \$21.64	7 Payee address; City; State; Zip Co 410 Terry Ave N	ıde				
	Seattle, WA 98109					
8 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  Gift/Awards -Gift bags for committee gifts				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held				
Date	Payee name					
06/23/2025	Anedot					
Amount (\$) \$19.80	Payee address; City; State; Zip Co PO Box 84314	de				
	Baton Rouge, LA 70884					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign processing fees				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight Office held				
Date	Payee name					
06/24/2025	Anedot					
Amount (\$) \$97.80	Payee address; City; State; Zip Co	nde				
	Baton Rouge, LA 70884					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign processing fees				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	l ght Office held				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	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: 3/67 Rpt: 20/85	Metcalf, William T. (The Honorable) 00069477							
4	Date	5 Payee name							
	06/24/2025	Anedot							
6	Amount (\$)	7 Payee address; City; State; Zip Code	_						
	\$97.80	PO Box 84314							
		Baton Rouge, LA 70884							
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.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Campaign processing fees							
_	Complete ONLY if direct	Condidate/Officeholder name Office country Office hold	_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H							
			_						
	Date	Payee name							
	06/24/2025	Anedot							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$19.80	PO Box 84314							
		Baton Rouge, LA 70884							
	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  Campaign processing fees							
		Campaign processing lees							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI								
_	D-4-		_						
	Date	Payee name							
	06/25/2025	Anedot							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$97.80	PO Box 84314							
		Baton Rouge, LA 70884							
	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  Campaign processing fees							
		Campaign processing ices							
_	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 Candidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment  The Instruction Guide explains how to complete this form.						
1	, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 4/67 Rpt: 21/85	Metcalf, William T. (The Honorable)	00069477			
4		5 Payee name				
L	06/25/2025	Anedot				
6	Amount (\$) \$19.80	7 Payee address; City; State; Zip Code PO Box 84314				
	\$19.00	PO BOX 04314				
		Baton Rouge, LA 70884				
8	PURPOSE	(6) 0	Description			
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Check if Austin, TX, officeholder living expense			
		C	Campaign processing fees			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
9	expenditure to benefit C/OI		Office field			
⊨	Date	Payee name				
	06/25/2025	Anedot				
-	Amount (\$)	Payee address; City; State; Zip Code				
	\$97.80	PO Box 84314				
		Baton Rouge, LA 70884				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description			
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
			Campaign processing fees			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
L	expenditure to benefit C/OI					
	Date	Payee name				
L	06/25/2025	Anedot				
	Amount (\$) \$8.10	Payee address; City; State; Zip Code PO Box 84314				
	Ψ0.10	FO BOX 04314				
		Baton Rouge, LA 70884				
┝	PURPOSE	-	Description			
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Check if Austin, TX, officeholder living expense			
			Campaign processing fees			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI		5555.6			

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/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: 5/67 Rpt: 22/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/25/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.05	PO Box 84314
		Baton Rouge, LA 70884
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
		Campaign processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/25/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.80	PO Box 84314
		Baton Rouge, LA 70884
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	06/25/2025	Payee name  Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.80	PO Box 84314
	401.00	1 0 DOX 0 1011
		Baton Rouge, LA 70884
	PURPOSE	(1) -
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign processing fees
	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 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 fo	orm.
1	Total pages Schedule F1: Sch: 6/67 Rpt: 23/85	FILER NAME     Metcalf, William T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069477
4	Date 06/25/2025	5 Payee name Anedot	
6	Amount (\$) \$10.05	7 Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Descrip  Chec	ntion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign processing fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 06/25/2025	Payee name Anedot	
	Amount (\$) \$4.20	Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884	
	PURPOSE OF EXPENDITURE	Chec	ntion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/25/2025	Payee name Anedot	
	Amount (\$) \$4.20	Payee address; City; State; Zip Code PO Box 84314	
		Baton Rouge, LA 70884	
	PURPOSE OF EXPENDITURE	Chec	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	
Sch: 7/67 Rpt: 24/85	Metcalf, William T. (The Honorable) 00069477
4 Date 5	Payee name
06/25/2025	Anedot
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$97.80	PO Box 84314
	Baton Rouge, LA 70884
8 PURPOSE (a	a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign processing fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
06/26/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$39.30	PO Box 84314
	Baton Rouge, LA 70884
PURPOSE (a	a) Category (See Categories listed at the top of this schedule) (b) Description
OF `	Fees Category (See Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign processing fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
06/26/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$4.20	PO Box 84314
4 1.20	
	Baton Rouge, LA 70884
DUB-00-	
PURPOSE (a	a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign processing fees
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 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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter	a category not listed a	above)
				The Instruction (	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 8/67 Rpt: 25/85		Metcalf, Will	iam T. (The H	onorable)					00069477		
4	Date	5	Payee name									
	06/26/2025		Anedot									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$4.20		PO Box 843	14								
			Baton Roug	e, LA 70884								
8	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees			,		Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITORE							<b>—</b>		officeholder livir	ng expense	
								Campaign pro	oce	essing fees		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(	Office sou	ght			Office h	neld	
		_										
	Date		Payee name									
	06/26/2025		Anedot									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$39.30		PO Box 843	14								
			Baton Roug	e, LA 70884								
	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>			mplete Schedule T.	
								ш		officeholder livir	ng expense	
								Campaign pro	oce	essing tees		
	Complete ONL V if direct	<u> </u>	Condidate/Offic	ahaldar nama		Office cou	abt			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	zenoluei name	(	Office sou	ynı			Office h	ieiu	
_	D :	1	_									
	Date		Payee name									
	06/26/2025		Anedot									
	Amount (\$)		Payee addres	-	State	; Zip Co	de					
	\$4.20		PO Box 843	14								
			Baton Roug	e, LA 70884								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees								mplete Schedule T.	
								Campaign pro		officeholder livir	ng expense	
								Campaign pro		soniy iees		
$\vdash$	Complete ONLY if direct	Ц	Candidate/Offic	reholder name	,	Office sou	aht			Office h	neld	
	expenditure to benefit C/OI		Januidale/OIII	CHOIGE HAITE	,	JIIIUE 30U	grit			Office I	iciu	
_												

#### 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	l 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: 9/67 Rpt: 26/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/26/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.80	PO Box 84314
		Baton Rouge, LA 70884
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  Campaign processing fees
		Cumpaign processing rees
Ļ	Compulate ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
	06/26/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.80	PO Box 84314
		Baton Rouge, LA 70884
	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  Campaign processing fees
		Campaign processing lees
L	Opening the ONII Wife discort	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	06/26/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.05	PO Box 84314
		Baton Rouge, LA 70884
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
1		Campaign processing fees
L	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	S. portantare to borient 0/01	•
1		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment  The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)						
_	Sch: 10/67 Rpt: 27/85	Metcalf, William T. (The Honorable)		00069477						
4	Date 06/26/2025	5 Payee name Anedot								
_										
6	Amount (\$) \$4.20	7 Payee address; City; State; Zip Code PO Box 84314	е							
	φ4.20	PO BOX 04314								
		Baton Rouge, LA 70884								
8	PURPOSE		h)	Description						
o	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	IJ,	Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	1 000		Check if Austin, TX, officeholder living expense						
				Campaign processing fees						
				200						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held						
	Date	Payee name								
	06/26/2025	Anedot								
	Amount (\$)	Payee address; City; State; Zip Code	е							
	\$1.28	PO Box 84314								
		Baton Rouge, LA 70884								
	PURPOSE OF	,	b)	Description						
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
				Campaign processing fees						
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held						
	expenditure to benefit C/OI	1								
	Date	Payee name								
	06/26/2025	Anedot								
	Amount (\$)	Payee address; City; State; Zip Code	е							
	\$39.30	PO Box 84314								
		Baton Rouge, LA 70884								
	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  Campaign processing fees						
				Campaign processing 1999						
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held						
	expenditure to benefit C/OI									
_										

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/67 Rpt: 28/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/26/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.20	PO Box 84314
		Baton Rouge, LA 70884
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  Campaign processing fees
		Campaign processing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	Data	
	Date	Payee name
	06/26/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.20	PO Box 84314
		Baton Rouge, LA 70884
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign processing fees
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	06/26/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.25	PO Box 84314
		Baton Rouge, LA 70884
	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
		Campaign processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/67 Rpt: 29/85	Metcalf, William T. (The Honorable)		00069477
4	Date	5 Payee name		<u> </u>
	06/27/2025	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$39.30	PO Box 84314		
		Baton Rouge, LA 70884		
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
				Campaign processing fees
Ļ	0 1: 0.11.7.7.1.			0" 111
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
H	Date	Payee name		
	06/27/2025	Anedot		
-	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$4.20	PO Box 84314		
	*			
		Baton Rouge, LA 70884		
	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  Campaign processing fees
				Campaign processing lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		J	
	Date	Payee name		
	06/27/2025	Anedot		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1.28	PO Box 84314		
		Baton Rouge, LA 70884		
	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
				Campaign processing fees
_	Computate ONU V Station	Condidate/Officeholder promise	aule t	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held
l				

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1: Sch: 13/67 Rpt: 30/85	FILER NAME     Metcalf, William T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069477
4	Date 06/27/2025	5 Payee name Anedot	
6	Amount (\$) \$1.28	7 Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign processing fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 06/27/2025	Payee name Anedot	
	Amount (\$) \$19.80	Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 06/27/2025	Payee name Anedot	
	Amount (\$) \$97.80	Payee address; City; State; Zip Code PO Box 84314	
		Baton Rouge, LA 70884	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/67 Rpt: 31/85	Metcalf, William T. (The Honorable)	00069477
4	Date	5 Payee name	•
	06/27/2025	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.20	PO Box 84314	
		Baton Rouge, LA 70884	
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
			Campaign processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/27/2025	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.20	PO Box 84314	
		Baton Rouge, LA 70884	
	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
			Campaign processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/27/2025	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.80	PO Box 84314	
		Baton Rouge, LA 70884	
	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
			Campaign processing fees
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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:	<u> </u>
	Sch: 15/67 Rpt: 32/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/27/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.05	PO Box 84314
		Baton Rouge, LA 70884
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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign processing fees
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.05	PO Box 84314
		Baton Rouge, LA 70884
	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  Campaign processing fees
		Campaign processing lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	06/28/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.25	PO Box 84314
		Baton Rouge, LA 70884
	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  Campaign processing fees
		Campaign processing lees
H	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 -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Sift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor						Travel Out of District OTHER (enter a category not listed above)				
Credit Card Layment			The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethics Comr	nission Filers)		
	Sch: 16/67 Rpt: 33/85	M	etcalf, Willia	m T. (The Ho	norable)					00069477				
4	Date	<b>5</b> Pa	ayee name											
	06/28/2025	Ar	nedot											
6	Amount (\$)	<b>7</b> Pa	ayee address;	City;	State;	; Zip Co	de							
	\$19.80	P	O Box 8431	4										
	,													
		Ba	aton Rouge,	LA 70884										
8	PURPOSE	(a) Ca	ategory (soc)	Categories listed at t	no top of this sch	nodulo)	(b)	Description						
	OF		ees	zategories listed at t	ic top of this seri	leddie)	` '		outsi	de of Texas. Com	plete Schedule T			
	EXPENDITURE							Check if Austin	, TX,	officeholder living	j expense			
								Campaign pr	oce	ssing fees				
9	Complete ONLY if direct	Car	ndidate/Office	holder name		Office sou	ght			Office he	eld			
	expenditure to benefit C/OI	H												
	Date	Pa	ayee name											
	06/28/2025	Ar	nedot											
	Amount (\$)	Pa	ayee address:	City;	State:	; Zip Co	de							
	\$4.20		O Box 8431	•		, 1								
	70	' '	0 20% 0 .02											
		Ba	aton Rouge,	LA 70884										
	PURPOSE	(a) Ca	ategory (See (	Categories listed at t	ne ton of this sch	edule)	(b)	Description						
	OF	l F∈	ees			,		Check if travel		de of Texas. Com				
	EXPENDITURE							Check if Austin	ı, TX,	officeholder living	j expense			
								Campaign pr	oce	ssing fees				
	Complete ONLY if direct	Car	ndidate/Office	holder name	C	Office sou	ght			Office he	eld			
	expenditure to benefit C/OF	Н												
	Date	Dr	ayee name											
	06/28/2025	l	nedot											
						7: 0	_							
	Amount (\$)	l	ayee address;		State;	; Zip Co	de							
	\$4.20	P(	O Box 8431	4										
		Ва	aton Rouge,	LA 70884										
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	ne top of this sch	iedule)	(b)	Description						
	OF EXPENDITURE	F€	ees							de of Texas. Com				
										officeholder living	j expense			
								Campaign pr	uce	ssing tees				
	Complete ONLY if direct		ndidate/Office	holder name	C	Office sou	ght			Office he	eld			
	expenditure to benefit C/O	П												

### 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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/67 Rpt: 34/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/30/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.30	PO Box 84314
		Baton Rouge, LA 70884
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories isseed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.80	PO Box 84314
		Baton Rouge, LA 70884
	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
		Campaign processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	06/30/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.15	PO Box 84314
		Baton Rouge, LA 70884
	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
		Campaign processing fees
		Campaign processing rose
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 18/67 Rpt: 35/85	2 FILER NAME Metcalf, William T. (The Honorable) 3 Filer ID (Ethics Commission Filer 00069477	s)
4	Date 06/30/2025	5 Payee name Anedot	
6	Amount (\$) \$19.80	7 Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign processing fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 06/30/2025	Payee name Anedot	
	Amount (\$) \$2.25	Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign processing fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 06/30/2025	Payee name Anedot	
	Amount (\$) \$4.20	Payee address; City; State; Zip Code PO Box 84314	
		Baton Rouge, LA 70884	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign processing fees	
	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

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/Political Com Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)				
L	ı				on Guide explai	ns how to co	mple	ete this form.	_					
1	Total pages Schedule F1:	2							3			(Ethics Comn	nission Filers)	
	Sch: 19/67 Rpt: 36/85			liam T. (The	Honorable)					0000	69477			
4	Date	5	Payee name											
	06/30/2025		Anedot											
6	Amount (\$)	7	Payee addre	ss; City;	Sta	ate; Zip Co	ode							
	\$4.20		PO Box 843	314										
			Baton Roug	je, LA 7088	4									
8	PURPOSE	(a)	Category (Se	ee Categories liste	ed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Fees					Check if travel				plete Schedule T.		
	EXPENDITURE							Check if Austin				g expense		
								Campaign pr	OCE	essin	g fees			
L							L							
9	Complete ONLY if direct		Candidate/Offi	ceholder nan	ne	Office sou	ıght			(	Office h	eld		
	expenditure to benefit C/OI	H 												
	Date		Payee name											
	06/30/2025		Anedot											
	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip Co	ode							
	\$10.05		PO Box 843	314										
			Baton Roug	je, LA 7088	4									
	PURPOSE	(a)	Category (Se	ee Categories liste	ed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Fees									plete Schedule T.		
								Compaign pr				g expense		
								Campaign pr	UCE	essin(	y iees			
_	2						<u> </u>							
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder nam	ne	Office sou	ıght			(	Office h	eid		
$\vdash$	D :													
	Date		Payee name											
	06/30/2025		Anedot											
	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip Co	ode							
	\$2.25		PO Box 843	314										
			Baton Roug	je, LA 7088	1									
	PURPOSE	(a)	Category (Se	ee Categories liste	ed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Fees					ш				plete Schedule T.		
								Check if Austin				g expense		
								Campaign pr	OCE	essin	g rees			
	Complete ONLY if direct	Ļ	Candidate/Offi	ooholder nem	20	Office	ıaht				Office h	ald		
	Complete ONLY if direct expenditure to benefit C/OI		Janunate/Offi	cenoluer nam	le	Office sou	ıgrit			(	Jilice no	eiu		
_														

## 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/Political 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: 20/67 Rpt: 37/85	Metcalf, William T. (The Honorable) 00069477
4 Date	5 Payee name
06/23/2025	BAMKO LLC
6 Amount (\$) \$331.25	7 Payee address; City; State; Zip Code PO Box 749659  Atlanta , GA 30374
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Committee gifts for House members
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/01/2025	Beasley, Sara Beth
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 405 E 30th St
	Austin, TX 78705
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2025	Beasley, Sara Beth
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 405 E 30th St
	Austin, TX 78705
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Staff Salaries
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 21/67 Rpt: 38/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/05/2025	Bentwater Yacht & Country Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	800 Bentwater Dr
		Montgomery, TX 77356
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lunch fee for North Shore Republican Women monthly meeting
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2025	Bentwater Yacht & Country Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	800 Bentwater Dr
		Montgomery, TX 77356
	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  Lunch fee for North Shore Republican Women
		monthly meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>
	Date	Payee name
	01/15/2025	Better Bookkeepers, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$552.50	19221 I-45 South
	7552.55	Ste 250
		The Woodlands, TX 77385
	DUDDOCE	T
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Accounting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<b>1</b>

## 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	l 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: 22/67 Rpt: 39/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	02/14/2025	Better Bookkeepers, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	19221 I-45 South
		Ste 250
		The Woodlands, TX 77385
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Campaign Accounting
		Campaign Accounting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
פ	expenditure to benefit C/O	
	Date	Payee name
	02/14/2025	Better Bookkeepers, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,186.25	19221 I-45 South
		Ste 250
		The Woodlands, TX 77385
	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
		Campaign Accounting
		Gainpaigin ioccaniang
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/16/2025	Better Bookkeepers, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$325.00	19221 I-45 South
		Ste 250
		The Woodlands, TX 77385
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Accounting/Banking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 23/67 Rpt: 40/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/03/2025	CAMP Political LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,622.11	401 NE 46th Street
		Oklahoma City, OK 73105
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  Campaign Christmas card mailing
		Campaign Christinas card maining
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	02/13/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$487.13	1400 Congress Ave
	Ψ407.13	
		Suite E1.006
		Austin, TX 78701
	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
		Silent auction donations purchase
		Chort addict donations paronaes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	05/22/2025	Capitol Gift Shop
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,055.44	1400 Congress Ave
		Suite E1.006
		Suite E1.006 Austin, TX 78701
	PURPOSE	Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF	Austin, TX 78701  (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.
		Austin, TX 78701  (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
	OF	Austin, TX 78701  (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.
	OF EXPENDITURE	Austin, TX 78701  (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 Session gifts for committee members
	OF	Austin, TX 78701  (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 Session gifts for committee members  Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE  Complete ONLY if direct	Austin, TX 78701  (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 Session gifts for committee members  Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE  Complete ONLY if direct	Austin, TX 78701  (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 Session gifts for committee members  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/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: 24/67 Rpt: 41/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/02/2025	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.65	1400 Congress Ave
		Suite E1.006
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPLINDITORL	Check if Austin, TX, officeholder living expense
		Session gifts for committee members
_	Complete ONLY if direct	Condidate/Office helder no rec
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
_	Data	
	Date 06/02/2025	Payee name Capital Cift Shap
		Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.19	1400 Congress Ave
		Suite E1.006
		Austin, TX 78701
	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  Session gifts for committee members
		Session gires for committee members
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	03/31/2025	Carter's Florist
H		
	Amount (\$)	Payee address; City; State; Zip Code  1416 S Frazier St
	\$113.67	1416 S Frazier St
		Convo. TV 77001
		Conroe, TX 77301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Gift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sympathy flowers for constituent funeral
	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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 25/67 Rpt: 42/85	2 FILER NAME Metcalf, William T. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069477
_	Date	
4	04/24/2025	5 Payee name Chick-fil-A
_		
6	Amount (\$) \$48.17	7 Payee address; City; State; Zip Code 503 W Martin Luther King Jr. Blvd
		Austin, TX 78701
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 Office lunch during legislative session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2025	Conroe Chamber of Commerce
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 505 W Davis ST
		Conroe, TX 77301
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Elected official donation for Montgomery County Day at the Capitol expenses
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/17/2025	Conroe Chamber of Commerce
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 505 W Davis ST
		Conroe, TX 77301
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fee for monthly luncheon
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense 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:	· · · · · · · · · · · · · · · · · · ·
	Sch: 26/67 Rpt: 43/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/14/2025	Conroe High School Operation Graduation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3200 W Davis St
		Conroe, TX 77304
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contributions/Donations Made
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/23/2025	Conroe Noon Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1106 Wilson Rd
	Ψ1,000.00	TIOO WIISSII I Ku
		Conroe, TX 77301
	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
		Campaign Fees Memberships and Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/08/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.02	1601 Trapelo Road
	402.02	
		Waltham, ME 02451
	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  Monthly subscription for e-newsletter platform
		Worthing Subscription for e-newsletter platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/67 Rpt: 44/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	02/08/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.41	1601 Trapelo Road
		Waltham, ME 02451
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  Monthly subscription for e-newsletter platform
		Monthly Subscription of the Wolciter piction
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	03/08/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.41	1601 Trapelo Road
		Waltham, ME 02451
	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 subscription for e-newsletter platform
		Monthly subscription to a newsletter platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/08/2025	Payee name  Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.41	1601 Trapelo Road
		Waltham, ME 02451
	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 subscription for e-newsletter platform
		Monthly Subscription for e-newsietter piationn
	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: 28/67 Rpt: 45/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	05/08/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.41	1601 Trapelo Road
		Waltham, ME 02451
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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly subscription for e-newsletter platform
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
L	06/09/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.01	1601 Trapelo Road
		Waltham, ME 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Monthly subscription for e-newsletter platform
l		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2025	DoubleTree Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	303 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Out of District- Fees for first day of session hotel stay - District Director
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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: 29/67 Rpt: 46/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/16/2025	DoubleTree Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$291.33	303 W 15th 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
		Travel Out of District - Hotel for first day of session -
		District Director
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/01/2025	DoubleTree Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$583.83	303 W 15th St
		Austin, TX 78701
	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-District Director hotel stay for
		Montgomery County Day at the Capito
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Davido namo
	01/25/2025	Payee name  El Bosque
		·
	Amount (\$)	Payee address; City; State; Zip Code 1111 W Dallas St
	\$126.88	TITI W Dallas St
		Conroe, TX 77301
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Conclude the control of this schedule   Conclude the control of this schedule   Control
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch for group of constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 30/67 Rpt: 47/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/27/2025	FGC Mail LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14,000.00	558 E Castle Pines Pkwy
		Suite B-4 Box 333
		Castle Pines, CO 80108
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- Campaign video production
	l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	4
	Date	Payee name
	02/27/2025	FGC Mail LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	558 E Castle Pines Pkwy
		Suite B-4 Box 333
		Castle Pines, CO 80108
	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 Expense
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	04/28/2025	FGC Mail LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	558 E Castle Pines Pkwy
		Suite B-4 Box 333
	l	Castle Pines, CO 80108
	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 Expense
		Campaign Consuling Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

## 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	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: 31/67 Rpt: 48/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/13/2025	FGC Mail LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	558 E Castle Pines Pkwy
		Suite B-4 Box 333
		Castle Pines, CO 80108
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 Expense - Campaign video
		production
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2025	Freytag's Northwest Florist
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.36	2211 W Anderson Ln
		Austin, TX 78757
	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
		Appreciation gift for House Sergeants
		pproduction gire for House Congounte
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/16/2025	Freytag's Northwest Florist
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.01	2211 W Anderson Ln
		Austin, TX 78757
	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  Appreciation gift for House Sergeants
		Appreciation gill for nouse sergeants
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

## 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

Great Gara Faymon	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 32/67 Rpt: 49/85	Metcalf, William T. (The Honorable)		00069477	
4 Date	5 Payee name		•	
01/16/2025	Freytag's Northwest Florist			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$136.45	2211 W Anderson Ln			
	Austin, TX 78757			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Gift/Awards/Memorials Expense	ı <u>—</u>	vel outside of Texas. Con	
			stin, TX, officeholder living	g expense Parliamentarians
		Appreciatio	in gilt for Flouse i	anamentanans
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u> </u>  aht	Office h	eld
expenditure to benefit C/O		.9.11	000 11	olu -
Date	Poves name			
01/24/2025	Payee name Freytag's Northwest Florist			
Amount (\$)	Payee address; City; State; Zip Co	odo		
\$120.21	2211 W Anderson Ln	oue		
Ψ120.21	ZZII W Alideisoli Lii			
	Auctin TV 70757			
DUDDOGE	Austin, TX 78757	[ax =		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	rel outside of Texas. Con	nnlete Schedule T
EXPENDITURE	Gift/Awards/Memorials Expense		stin, TX, officeholder living	
		Appreciatio	n gift for House I	Business Office
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld
expenditure to benefit C/O	н			
Date	Payee name			
01/02/2025	Gables Park Tower			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$3,446.25	111 Sandra Muraida Way			
	Austin, TX 78703			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	. —	vel outside of Texas. Con	
			stin, TX, officeholder living	g expense legislative session
		ivierriber rei	ntai expense ioi	legislative session
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office h	old.
expenditure to benefit C/O		agrit	Office fi	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		el Out of District ER (enter a category not listed above)
<u> </u>	Tatalana Oliver	T	(Cth.: - 0 : : =" .
1	Total pages Schedule F1:		
	Sch: 33/67 Rpt: 50/85	, , , , , , , , , , , , , , , , , , ,	069477
4	Date	5 Payee name	
	02/03/2025	Gables Park Tower	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,434.39	111 Sandra Muraida Way	
	·		
		Austin, TX 78703	
<u>_</u>	DUDDOSE	<u> </u>	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	Taura Carrelata Cabadula T
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Tax Check if Austin, TX, office	Texas. Complete Schedule T.
		I —	nse for legislative session
		monitori fortiar expe	
_	Complete ONL V if direct	Candidate/Officeholder name Office cought	Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/03/2025	Gables Park Tower	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,439.82	111 Sandra Muraida Way	
		Austin, TX 78703	
_	DUDDOSE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cffice Overhead (Poetal Expanse)	Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Technique Tx, Check if Austin, TX, office	
			nse for legislative session
			Ŭ
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
<u> </u>	Data		
	Date	Payee name	
	04/08/2025	Gables Park Tower	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,820.73	111 Sandra Muraida Way	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , , ,	Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, office	
		Member rental expe	nse for legislative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	OH CONTRACTOR OF THE CONTRACTO	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 34/67 Rpt: 51/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	05/02/2025	Gables Park Tower
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,453.27	111 Sandra Muraida Way
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	χ Check if Austin, TX, officeholder living expense
		Member rental expense for legislative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	Date	Payee name
	06/02/2025	Gables Park Tower
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,449.02	111 Sandra Muraida Way
		Austin, TX 78703
	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.
	LAI ENDITORE	X Check if Austin, TX, officeholder living expense
		Campaign Rent Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/23/2025	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.68	2155 E GoDaddy Way
		Tempe, AZ 85284
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign website hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1: Sch: 35/67 Rpt: 52/85	FILER NAME     Metcalf, William T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069477
4	Date 01/02/2025	5 Payee name Google	1
6	Amount (\$) \$53.73	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense cogle Workspace for campaign email
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/29/2025	Payee name Google	
	Amount (\$) \$89.84	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  cogle Workspace for campaign email
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/02/2025	Payee name Google	
	Amount (\$) \$60.14	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  cogle Workspace for campaign email
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 36/67 Rpt: 53/85	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	
	02/27/2025	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$89.84	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
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  Google Workspace for campaign email	
		Google Workspace for campaight email	
<u> </u>	0 1. 0		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experiantare to benefit of er		
	Date	Payee name	
	03/02/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.40	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	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	
		Google Workspace for campaign email	
		Coogle Workspace for earnpaight email	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	_		
	Date	Payee name	
	03/29/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$89.84	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.	
		Coogle Workspace for compaign amoil	
		Google Workspace for campaign email	
_	Computate ONU V if alice	Condidate/Officeholder name Office county	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/67 Rpt: 54/85	Metcalf, William T. (The Honorable)	00069477
4	Date	5 Payee name	
	04/01/2025	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$61.40	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			kspace for campaign email
			topaco ioi campaigii cinaii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_	Date	Payee name	
	04/29/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$89.84	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Experise	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			kspace for campaign email
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/01/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.40	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense kspace for campaign email
		Google Work	repare for earnpaign email
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<b>9</b>	Since field

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 38/67 Rpt: 55/85	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	
	05/30/2025	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$89.84	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
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  Google Workspace for campaign email	
		Google Workspace for campaight email	
<u> </u>	0 1: 0:::::::::::::::::::::::::::::::::		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiantare to benefit Great		
	Date	Payee name	
	06/02/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.40	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	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  Google Workspace for campaign email	
		Google Workspace for campaign email	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	06/30/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$89.80	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.	
	- <del>-</del>	Check if Austin, TX, officeholder living expense	
		Google Workspace for campaign email	
	Complete ONLY if allowed	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

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

Candidate/Officeholder/Political Committee Credit Card Payment			)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission I	Filers)
	Sch: 39/67 Rpt: 56/85	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	
	03/24/2025	HEB	
6	Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1000 E 41st St  Austin, TX 78751	
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  Capitol office food/beverage	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/05/2025	HP Instant Ink	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.40	1501 Page Mill Road	
		Mail Stop:1560	
		Palo Alto, CA 94304	
	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	
		Ink for capitol office printer	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/07/2025	HP Instant Ink	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.94	1501 Page Mill Road	
		Mail Stop:1560	
		Palo Alto, CA 94304	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Ink for capitol office printer	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	PH	

## 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/67 Rpt: 57/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	02/11/2025	Harrison, Logan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1308 Tinnin Ford Road
		Unit 3
		Austin, TX 78741
_	DUDDOGE	I man
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Staff Salaries
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	Harrison, Logan
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1308 Tinnin Ford Road
	, ,	Unit 3
		Austin, TX 78741
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Staff Salaries
		Sampaigh stail statales
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/21/2025	Henry, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	510 Malone St
		Tomball, TX 77375
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Staff Salaries
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/OI	<u>'</u>
_		

#### 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 Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense 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: 41/67 Rpt: 58/85 Metcalf, William T. (The Honorable) 00069477 4 Date Payee name 04/01/2025 Henry, Sarah 6 Amount (\$) Payee address; City; State; Zip Code \$5,000.00 510 Malone St Tomball, TX 77375 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Staff Salaries Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/06/2025 Henry, Sarah Amount (\$) Payee address; City; State; Zip Code \$3,500.00 510 Malone St Tomball, TX 77375 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Staff Salaries Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2025 Honor Cafe Amount (\$) Payee address; City: State; Zip Code \$2,212.85 103 N Thompson St Conroe, TX 77301 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Food/Beverage Expense 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 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 co	ompl	elete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 42/67 Rpt: 59/85		Metcalf, William T. (The Honorable)		00069477
4	Date	5	Payee name		'
	04/03/2025		Lake Conroe Area Republican Women		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$2,500.00		PO Box 737		
			Montgomery, TX 77356		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF	l`	Contributions/Donations Made By	`´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
					Fundraiser sponsorship
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ught	t Office held
	Date		Payee name		
	02/04/2025		Lake Conroe Area Republican Women		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$26.00		PO Box 737		
			Montgomery, TX 77356		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	<b>)</b> Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Monthly luncheon fee
					Monuny function fee
_	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıaht	t Office held
	expenditure to benefit C/O			.g	
_	Date	Т	Davisa nama		
	02/10/2025		Payee name  Lake Conroe Area Republican Women		
_		┝	Payee address; City; State; Zip Co	odo	
	Amount (\$) \$25.00		PO Box 737	bue	
	Ψ23.00		FO BOX 737		
			Montgomon, TV 770FC		
		L	Montgomery, TX 77356	1	
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Fees		Check if dustin, TX, officeholder living expense
					Monthly luncheon fee
Г	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/O	Н			

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 43/67 Rpt: 60/85	2 FILER NAME Metcalf, William T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069477
4	Date 03/12/2025	5 Payee name Lake Conroe Area Republican Women
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code PO Box 737  Montgomery, TX 77356
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly luncheon fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/14/2025	Payee name Leadership Montgomery County
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 2001 Timberloch PI #500  The Woodlands, TX 77380
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Leadership Legacy Breakfast ticket
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/03/2025	Payee name Liberty Belles Republican Women
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 73 Greenbriar Drive
		Conroe, TX 77304
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly luncheon fee
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 44/67 Rpt: 61/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/18/2025	Liberty Belles Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	73 Greenbriar Drive
		Conroe, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Fundraiser sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorure to berient C/OI	
	Date	Payee name
	01/18/2025	Liberty Belles Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	73 Greenbriar Drive
		Conroe, TX 77304
	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
		Fees Memberships and Dues
_	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Liberty Belles Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	73 Greenbriar Drive
		Conroe, TX 77304
	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.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Monthly luncheon fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •
	•	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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: 45/67 Rpt: 62/85	Metcalf, William T. (The Honorable) 00069477							
4	Date	5 Payee name							
	01/24/2025	MISD Education Foundation							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,500.00	20774 Eva Street							
		Montgomery, TX 77356							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense							
		Candidate/Officeholder/Political Committee Campaign Contributions/Donations Made							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	4							
	Date	Payee name							
	01/06/2025	Mailchimp							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$41.57	675 Ponce de Leon Ave NE							
		Suite 5000							
		Atlanta, GA 30308							
	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							
		Email Marketing Platform							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	02/06/2025	Mailchimp							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$41.57	675 Ponce de Leon Ave NE							
		Suite 5000							
		Atlanta, GA 30308							
	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  Email Marketing Platform							
		Linux Marketing Frationin							
	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 Com 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/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
				le explains how to co	ompl	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)	
	Sch: 46/67 Rpt: 63/85		Metcalf, Will	liam T. (The Hond	orable)				00069477			
4	Date	5	Payee name									
	03/06/2025		Mailchimp									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode						
	\$57.56	l	675 Ponce	de Leon Ave NE								
			Suite 5000									
			Atlanta, GA	30308								
Ļ	DUDDOGE	(-)				(a.)						
8	PURPOSE OF	(a)		e Categories listed at the		(b)	Description		d4.T O	mlata Cabadula T		
	EXPENDITURE	l	Office Over	nead/Rental Expe	ense		<u> </u>		officeholder living	plete Schedule T.		
		l					Email Market			, олронов		
								9				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ıaht			Office h	əld		
	expenditure to benefit C/O		Janara actor Onne	soriolaer mame	011100 000	agi it			Omoo n	Siu -		
_	Date	Г	Davis a name									
			Payee name									
	04/06/2025	L	Mailchimp									
	Amount (\$)		Payee addres	•	State; Zip Co	ode						
	\$67.16		675 Ponce of	de Leon Ave NE								
			Suite 5000									
			Atlanta, GA	30308								
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description					
	OF EXPENDITURE			nead/Rental Expe						plete Schedule T.		
	EXI ENDITORE						ш		officeholder living	g expense		
							Email Market	ing	Platform			
		L				<u> </u>						
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offic	ceholder name	Office sou	ugnt			Office h	eia		
		_										
	Date		Payee name									
	05/06/2025		Mailchimp									
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode						
	\$78.88	l	675 Ponce	de Leon Ave NE								
			Suite 5000									
			Atlanta, GA	30308								
_	PURPOSE	(0)				(h)	D					
	OF	(a)		e Categories listed at the		(0)	Description  Check if travel of	nutsi	de of Texas, Com	plete Schedule T.		
	EXPENDITURE	l	Office Over	nead/Rental Expe	ense		ш		officeholder living			
							Email Market					
								,				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ught			Office he	eld		
	expenditure to benefit C/O					5						
-												
1												

### 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		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide exp		/ages	s/Contract Labor	Travel Out of E OTHER (enter	District a category not listed above)
-	Total pages Cab - dist - E4	1	<u> </u>				- File ID	(Ethios Commissis: Files)
1	Total pages Schedule F1: Sch: 47/67 Rpt: 64/85	ı	FILER NAME Metcalf, William T. (The Honorabl	e)		3	Filer ID 00069477	(Ethics Commission Filers)
4	Date	5	Payee name					
	06/06/2025		Mailchimp					
6	Amount (\$)	ı	Payee address; City; 675 Ponce de Leon Ave NE	State; Zip Co	de			
	\$78.88	l	Suite 5000					
		l						
Ļ		$\vdash$	Atlanta, GA 30308					
8	PURPOSE OF		Category (See Categories listed at the top of	this schedule)	(b)	Description	toide of Toyes Co	mulata Cabadula T
	EXPENDITURE	'	Office Overhead/Rental Expense				X, officeholder livi	mplete Schedule T. ng expense
						Email Marketin		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght		Office I	neld
	Date		Payee name					
	01/03/2025		McCarthy, Lauren					
	Amount (\$)		Payee address; City;	State; Zip Co	de			
	\$250.00		1610 Waterston Ave					
			Apt 7					
			Austin, TX 78703					
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor			<b>—</b>		mplete Schedule T.
						Check if Austin, T.  Campaign Staf		ig expense
						oampaign otal	T Calaire	
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Officeholder name	Office sou	ght		Office h	neld
	Date		Payee name					
	06/03/2025		McCarthy, Lauren					
	Amount (\$)		Payee address; City;	State; Zip Co	de			
	\$3,500.00		1610 Waterston Ave					
			Apt 7					
			Austin, TX 78703					
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor					mplete Schedule T.
						Campaign Staf	X, officeholder livi	ng expense
						Jampaign Jiai	. Jaianos	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght		Office I	neld

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 48/67 Rpt: 65/85	Metcalf, William T. (The Honorable)		00069477	
4	Date	Payee name			
	06/04/2025	McDaniel, Makenna			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	4050 Broken Elm Dr			
		Spring , TX 77388			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		ide of Texas. Com	
	LAFLINDITORL			, officeholder living	expense
		Campaign S	мап	Salaries	
_	Operation ONE V if dispert	Our distance (Office Includes a constant		O#: h-	1-1
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eiu
	·				
	Date	Payee name			
	01/11/2025	McKenzie's Barbeque & Burgers Conroe			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$508.97	1501 N Frazier St			
		Conroe, TX 77301			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 000/Develage Expense		ide of Texas. Comp , officeholder living	
		Law Enforce			
				,	o <u>-</u> a
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	•			
	Date	Payee name			
	02/21/2025	Michael's Stores			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$652.87	19075 IH-45 N			
	Ψ032.07	Ste 104			
		Shenandoah, TX 77385-8748			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cit(A) and a (Many arisin let Fun and a (Many	d oute	ide of Texas. Com	nlete Schedule T
	EXPENDITURE	Only Wards/ Welloliais Expense		, officeholder living	
		Framing for	Cap	itol Office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
_					

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		ory 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 (Eth	nics Commission Filers)
	Sch: 49/67 Rpt: 66/85	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	
	05/07/2025	Miller, Melisa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00		
		Cleveland, TX 77328	
8	PURPOSE		
0	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete:	Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expe	
		Campaign Contribution/ Donatio	n Made
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	JH	
	Date	Payee name	
	01/14/2025	Montgomery County 4H Shooting Sports	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	9020 Airport Rd	
		Conroe, TX 77303	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	nse
		Event Sponsorship	
	0 1: 01:17.7.1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
	01/03/2025	Montgomery County Association of Business Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00		
		Suite 130	
		Conroe, TX 77304	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete standard Check if Austin, TX, officeholder living expe	
		Campaign Scholarship donation	
		Sampaign Sampaign Somaion	
	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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		e Legal S	Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)				
		The Ir	struction Guid	le explains ho	ow to cor	mple	te this form.						
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(Ethics Commission Filer	rs)	
	Sch: 50/67 Rpt: 67/85	Meto	calf, William <sup>-</sup>	Γ. (The Hond	orable)					00069477			
4	Date	5 Paye	ee name										
	05/23/2025	Mon	ntgomery Cou	ınty Fair Ass	ociation								
6	Amount (\$)	<b>7</b> Paye	ee address;	City;	State;	Zip Co	de						
	\$9,850.00	9202	1 Airport Roa	d									
		Con	roe, TX 7730	3									
8	PURPOSE						(h)	Description					
١	OF		egory <sub>(See Cate)</sub> etributions/Do			ule)	(D)	Description  Check if travel of	nutsia	de of Texas, Cou	mplete Schedule T.		
	EXPENDITURE		didate/Office			tee		느		officeholder livir			
								Livestock and	d no	n-livestock	auction purchases		
9	Complete ONLY if direct	Candi	date/Officehold	der name	Off	fice soug	ght			Office h	eld		
	expenditure to benefit C/OF	4					-						
	Date	Pave	ee name										
	06/17/2025		ntgomery Cou	inty Republic	can Women	1							
_	Amount (\$)		ee address;	City;	State;		de						
	\$700.00		Box 1766	Oity,	Otato,	<b>L</b> ip <b>C</b> 0.	uo						
	Ψ100.00		DOX 1700										
			T) ( 7700	-									
		Con	roe, TX 7730	5									
	PURPOSE OF	(a) Cate	gory (See Cate	ories listed at the	top of this sched	ule)	(b)	Description					
	EXPENDITURE		tributions/Do		,			<b>-</b>			nplete Schedule T.		
		Can	didate/Office	noider/Politic	cai Committ	tee		Fundraiser sp		officeholder livir	ig expense		
								i ununuiser sp	,011	3013111p			
_	Complete ONLY if direct	Candi	date/Officeholo	lor namo	Off	fice soug	aht			Office h	nald		
	expenditure to benefit C/O		date/Onicerion	ici name	Oil	iicc sou	giit			Office i	iciu		
	Date		ee name		0								
	05/06/2025	Mon	ntgomery Cou	inty women	s Center								
	Amount (\$)		ee address;	City;	State;	Zip Co	de						
	\$150.00	1403	1 Airport Rd										
		Con	roe, TX 7730	1									
	PURPOSE	(a) Cate	gory (See Cate	gories listed at the	top of this sched	ule)	(b)	Description					
	OF EXPENDITURE		tributions/Do								nplete Schedule T.		
	EXI ENDITORE	Can	didate/Office	holder/Politic	cal Committ	tee		_		officeholder livir	ig expense		
								Event sponso	orsr	пр			
	0 1. 5		1. 10.00			<u> </u>							
	Complete ONLY if direct expenditure to benefit C/OH		date/Officeholo	ier name	Off	fice sou(	ght			Office h	iela		
		•											

## 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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	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: 51/67 Rpt: 68/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/17/2025	Montgomery County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	9055 Airport Rd
		Conroe, TX 77303
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign event expense/deposit for fundraiser
		venue
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<b>-</b>	Date	Payee name
	06/26/2025	Montgomery ISD Education Foundation
_	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	20774 Eva St
	φ500.00	20114 Eva 3t
		Montgomery, TX 77356
	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
		Event Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	01/27/2025	Payee name  New Danville
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	10951 Shepard Hill Rd
		Willis, TX 77318
	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
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
L		

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 52/67 Rpt: 69/85	Metcalf, William T. (The Honorable)	00069477
4	Date	5 Payee name	•
	02/14/2025	North Shore Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.00	P.O. Box 1993	
		Montgomery, TX 77356	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	1 000	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense mberships and Dues
		T CC3 WIC	imberships and bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		0
_	Date	Payee name	
	05/09/2025	North Shore Republican Women	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	PO Box 1993	
	1-,000		
		Montgomery, TX 77356	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Continuations/Donations Made By	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense er sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/04/2025	Opiela, Eric	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	9415 Old Lampasas Trail	
		Austin, TX 78750	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense  In Legal Services
		Campaiç	iri Edgai Octivides
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		555 11010
l			

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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: 53/67 Rpt: 70/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/16/2025	PMC Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.37	303 W 15th 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
		District Director Travel out of district – Parking fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit eror	
	Date	Payee name
	02/10/2025	Peet PTO
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1895 Longmire Rd
		Conroe, TX 77304
	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
		Appreciation lunch for Peet teachers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/19/2025	Philip Cash for Constable Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 2099
		Willis, TX 77378
	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  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Campaign Fundraiser sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

## SCHEDULE F1

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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 54/67 Rpt: 71/85	Metcalf, William T. (The Honorable)	00069477							
4	Date	5 Payee name								
	04/23/2025	Phoebe's Diner								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$62.43	408 W 11th St								
		Austin, TX 78701								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	1 dda/Beverage Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense							
		I	capitol staff							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
L	expenditure to benefit C/Ol	H								
	Date	Payee name								
	02/10/2025	Purple Sage Strategies LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,250.00	3002 Bryker Dr								
		Austin, TX 78703-1834								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Consuming Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense							
		I	Social Media Consulting							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/Ol	<del>1</del>								
	Date	Payee name								
	03/11/2025	Purple Sage Strategies LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,500.00	3002 Bryker Dr								
L		Austin, TX 78703-1834								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	avel outside of Texas. Complete Schedule T.							
	EXPENDITURE		ustin, TX, officeholder living expense							
		Campaign	Social Media Consulting							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
L	experiorare to benefit C/O	п								
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

Credit Card Payn	nent	i Committee	The Instruction G	uide explains how to	-	ete this form.		OTHER (enter	a cat	egory not listed above,	)
1 Total pages So	chedule F1:	2 FILER NAM	1E				3	Filer ID	(E	Ethics Commission	Filers)
Sch: 55/67 R	Rpt: 72/85	Metcalf, William T. (The Honorable)						00069477	,		
4 Date		5 Payee nam	e								
04/25/2025			ge Strategies LL0	C							
6 Amount (\$)		<b>7</b> Payee addr	ess; City;	State; Zip	Code						
:	\$1,500.00	3002 Bryk	er Dr								
		Austin, TX	78703-1834								
8 PURPOSE		(a) Category (	See Categories listed at	the top of this schedule)	(b)	Description					
OF EXPENDITU	RE	Consulting	j Expense			Check if travel of Check if Austin,					
						Campaign So					
						pg				9	
9 Complete ONL	LY if direct	Candidate/Ot	fficeholder name	Office s	<u> </u>			Office I	held		
expenditure to	benefit C/O	4			Ü						
Date		Payee nam	<u></u> е								
05/22/2025		1	ge Strategies LL0	0							
Amount (\$)		Payee addr		State; Zip	Code						
	\$1,500.00	3002 Bryker Dr									
	·										
		Austin, TX	78703-1834								
PURPOSE	<b>=</b>	(a) Category	See Categories listed at	the ton of this schedule)	(b)	Description					
OF EXPENDITU	DE	Consulting		the top of this schedule)	`	Check if travel of	outsi	de of Texas. Co	mplet	e Schedule T.	
EXPENDITO	KE					Check if Austin,					
						Campaign So	ocia	a Media Co	onsu	uiting	
Complete ONL	V if direct	Candidate/Of	fficeholder name	Office s	ought			Office I	hold		
expenditure to			incendider name	Office 3	ougni			Office	iiciu		
Date		Dayso nom									
06/30/2025		Payee name	e ge Strategies LL0	<u>-</u>							
Amount (\$)		Payee addr		State; Zip	20do						
	\$1,500.00	3002 Bryk		State, Zip	Joue						
·	Ψ1,500.00	JOOZ BIYK	CI DI								
		Δustin TX	78703-1834								
PURPOSE	_				(h)	Description					
OF	=	Consulting	See Categories listed at	the top of this schedule)	(0)	Description  Check if travel of	outsi	de of Texas. Co	mplet	e Schedule T.	
EXPENDITU	RE	Consulting	LAPENSE			Check if Austin,					
						Campaign So	ocia	al Media Co	วทรเ	ulting	
Complete ONL expenditure to			fficeholder name	Office s	ought			Office I	held		
cyberialiaie (0	JUNEIR C/O	•									

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	
1	Total pages Schedule F1: Sch: 56/67 Rpt: 73/85	Metcalf, William T. (The Honorable)  00069477
4	Date	5 Payee name
	04/15/2025	Ryan Data and Research
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 202675  Austin, TX 78720
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Campaign consulting expense/Voter file expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/20/2025	Ryan Data and Research
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	P.O. Box 202675
	DUDDOG	Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toxas, Complete Schedule T
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign consulting expense/Campaign research
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/24/2025	Southern Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	64 McCaleb Rd
		Montgomery, TX 77356
	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  Campaign storage unit
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Overh
Food/Beverage Expense Polling Expe
Gift/Awards/Memorials Expense Printing Exp
Legal Services Salaries/War

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: 57/67 Rpt: 74/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/15/2025	Speed Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.00	1105 W Dallas St
		Conroe, TX 77301
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense
		Campaign Printing Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	01/27/2025	Speed Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.50	1105 W Dallas St
		- TV =====
		Conroe, TX 77301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Printing Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/12/2025	Speed Printing
	Amount (\$) \$21.65	Payee address; City; State; Zip Code 1105 W Dallas St
	Φ21.05	1103 W Dalids St
		Conroe, TX 77301
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Printing Expense
L	Complete CNUV''.	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

l	Credit Gard F dyment	The Instruction Guide explains how to com	ıple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 58/67 Rpt: 75/85	Metcalf, William T. (The Honorable)		00069477
4	Date	5 Payee name		•
	05/19/2025	Speed Printing		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
l	\$345.00	1105 W Dallas St		
l				
		Conroe, TX 77301		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
l	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
l				Campaign printing expense  Campaign printing expense
				Campaign printing expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
ľ	expenditure to benefit C/Ol		111	Office field
⊨	Date	Davis and a		
l	03/24/2025	Payee name Starbucks		
┡				
l	Amount (\$) \$21.65	Payee address; City; State; Zip Cod 501 W 15th St	е	
	Φ21.05	301 W 13(i) St		
		A		
L		Austin, TX 78701		
l	PURPOSE OF	, , ,	b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
l				Coffee for Capitol office visitors
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
F	Date	Payee name		
	05/06/2025	Taco Cabana		
Г	Amount (\$)	Payee address; City; State; Zip Cod	е	
l	\$12.17	2507 E Riverside Dr		
l				
		Austin, TX 78741		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense
				Dinner for Capitol staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/Ol			Chief Held
$\vdash$				

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Cara r ayment	The Instruction Guide explains how to com	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 59/67 Rpt: 76/85	Metcalf, William T. (The Honorable)		00069477
4	Date	5 Payee name		•
	05/06/2025	Taco Cabana		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$71.97	2507 E Riverside Dr		
		Austin, TX 78741		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description
	OF EXPENDITURE	Food/Beverage Expense	Į	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			_ [	Dinner for Capitol staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	<del>-</del>		
_	Date	Payee name		
	02/22/2025	Texas House Republican Caucus PAC		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$1,000.00	PO BOX 13305		
		Austin, TX 78711		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description
	OF EXPENDITURE	Contributions/Donations Made By	Ī	Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	L	Check if Austin, TX, officeholder living expense Contributions/Donations Made
				onalizations/20natione made
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	03/14/2025	Texas House Republican Caucus PAC		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$2,000.00	PO BOX 13305		
		Austin, TX 78711		
	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.
	LAI LINDITORE		Ļ	Check if Austin, TX, officeholder living expense  Membership fees
			ľ	wernbership rees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol		, ,,	Office field
$\vdash$				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 60/67 Rpt: 77/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/06/2025	The Flower Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.78	1734 Crockett Rd
		Palestine, TX 75801
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
		Sympathy flowers for funeral
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/01/2025	The Roku Channel
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	1173 Coleman Ave
		San Jose, CA 95110
	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
		District office TV streaming service
		2.53.55.5
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
H	Date	Davida nama
	02/01/2025	Payee name The Roku Channel
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	1173 Coleman Ave
		San Jose, CA 95110
	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
		District office TV streaming service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	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: 61/67 Rpt: 78/85	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	_
l	03/01/2025	The Roku Channel	
6	Amount (\$) \$8.65	7 Payee address; City; State; Zip Code 1173 Coleman Ave	
L		San Jose, CA 95110	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  District office TV streaming service	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
l	04/01/2025	The Roku Channel	
	Amount (\$) \$8.65	Payee address; City; State; Zip Code 1173 Coleman Ave	
		San Jose, CA 95110	
	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  District office TV streaming service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
l	05/01/2025	The Roku Channel	
	Amount (\$) \$8.65	Payee address; City; State; Zip Code 1173 Coleman Ave	
		San Jose, CA 95110	
	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  District office TV streaming service	
	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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	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: 62/67 Rpt: 79/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/02/2025	The Roku Channel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.65	1173 Coleman Ave
		San Jose, CA 95110
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
		District office TV streaming service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/13/2025	The Texan News
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.00	1011 San Jacinto Blvd
		Suite 315
		Austin, TX 78701
	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  Annual subscription
		/ under subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/17/2025	Tiff's Treats
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.09	1806 Nueces
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Appreciation gift for 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)

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 (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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/67 Rpt: 80/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	06/30/2025	Tiff's Treats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.91	1806 Nueces
		Austin, TX 78701
8	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
		Appreciation gift for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/25/2025	Trophy House
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.49	804 W Dallas St
		Conroe, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gavel engraving
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name Trophy House
	06/02/2025	Trophy House
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.49	804 W Dallas St
		Conroe, TX 77301
	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
		Gavel engraving
		- Savor originating
	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 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 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: 64/67 Rpt: 81/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	05/22/2025	Universal Sign and Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,113.50	2114 McCaleb Rd
		Bldg C Ste 100
		Montgomery, TX 77316
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Campaign yard sign printing
		Campaigh yard sight printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	03/14/2025	Vera Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.50	200 River Pointe Dr
		Conroe, TX 77304
	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
		Bank Fees
		Ballit 666
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/15/2025	Vernon's Kuntry BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$889.96	5000 W Davis St
		Conroe, TX 77304
	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
		Law enforcement appreciation lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 65/67 Rpt: 82/85	Metcalf, William T. (The Honorable) 00069477
4	Date	5 Payee name
	01/21/2025	Vernon's Kuntry BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.05	5000 W Davis St
		Conroe, TX 77304
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  Law enforcement appreciation lunch
		Law emoreement appreciation functi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies some
		Payee name
	03/03/2025	Walden Follies
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	13301 Walden Road
		Montgomery, TX 77356
	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
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dougo nama
	02/14/2025	Payee name Walker, Robert
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 2145
		Willis, TX 77378
	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
		Robert Walker
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 66/67 Rpt: 83/85	Metcalf, William T. (The Honorable) 00069477	
4	Date	5 Payee name	
	02/06/2025	Wesley Doolittle for Sheriff	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	6606 FM 1488 Ste 148-638	
		Magnolia, TX 77354-2544	
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Onicerioider/Political Committee Campaign Contributions/Donations Made	
9	Complete ONLY if direct expenditure to benefit C/OI	I Candidate/Officeholder name Office sought Office held	
	experience to benefit of or		
	Date	Payee name	
	01/29/2025	Willis Education Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	612 N. Campbell St	
L		Willis, TX 77378	
	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	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/31/2025	Woodforest Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.00	PO Box 7889	
L		The Woodlands, TX 77387	
	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  Bank Fees	
	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 Committe 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
Travel Out of District
TTHER (output a colorograph and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Ĺ	Sch: 67/67 Rpt: 84/85	Metcalf, William T. (The Honorable)  00069477	
4	Date	5 Payee name	_
	04/30/2025	Woodforest Bank	
6	Amount (\$) \$12.00	7 Payee address; City; State; Zip Code PO Box 7889	
		The Woodlands, TX 77387	
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  Bank Fees	
		Daily rees	
_	Complete ONLY if alias -t	Condidate/Officeholder name Office cought	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/31/2025	Woodforest Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.00	PO Box 7889	
		The Woodlands, TX 77387	
	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	
		Bank Fees	
		Builties	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			
	Date	Payee name	
	06/30/2025	Woodforest Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.00	PO Box 7889	ľ
		The Woodlands, TX 77387	
	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	
		Bank Fees	ľ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 85/85 2 FILER NAME Filer ID (Ethics Commission Filers) Metcalf, William T. (The Honorable) 00069477 8 Amount (\$) Date 5 Name of person from whom amount is received 05/12/2025 Google \$0.22 6 Address of person from whom amount is received; City; State; Zip Code Mountain View, CA 94043 Purpose for which amount is received Check if political contribution returned to filer Campaign - Google fee reimbursement Name of person from whom amount is received Amount (\$) Date 03/14/2025 Vera Bank \$3.50 Address of person from whom amount is received; City; State; Zip Code Conroe, TX 77304 Purpose for which amount is received Check if political contribution returned to filer Campaign - Bank fee reimbursement Date Name of person from whom amount is received Amount (\$) 03/13/2025 Yardi \$0.28 Address of person from whom amount is received; City; State; Zip Code Santa Barbara, CA 93117 Purpose for which amount is received Check if political contribution returned to filer To confirm our bank account on an online payment platform