CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	his form. (E	ler ID thics Commission Filers) 0084408	:	Total pages file	
3 CANDIDATE /	MS / MRS / MR FIF	RST	N	ИΙ	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable Ja	mes D.			Date Received	
TW WIL					ELECTRONICAL	I V EII ED
						LI FILED
	NICKNAME LA		S	SUFFIX	07/15/2025	
	Jim Wr	right				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	IITE#; CITY;	ZI	IP CODE	Date Hand-delivered or D	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 11540					
ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78711					
	Addin, 1X 10111				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR FIR		M	11		
NAME	The Honorable Kei	nt				
	NICKNAME LAS	ST	SI	UFFIX		
	Hai	nce				
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	K PLEASE);	APT / SUITE #;	CITY;	STAT	E; ZIP CODE
TREASURER	203 W. 10th St.					
ADDRESS						
(Residence or Business)	Austin, TX 78701					
	Austin, 1× 76701					
7 CAMPAIGN	AREA CODE PHONE N	UMBER EXTEN	ISION			
TREASURER	(512) 479-8888					
PHONE						
8 REPORT						
TYPE	January 15	30th day before election	on Runoff		15th day after camp	
					appointment (office	
	X July 15	3th day before election	Exceeded mo reporting limit		Final Report (Attac	h C/OH-FR)
9 PERIOD COVERED	Month Day Year		Month	,	Year	
COVERED	01/01/2025	THROUG	ЭH	06/30/2025		
10 ELECTION	ELECTION DATE		ELECTIO			
	Month Day Year	Primary	Runoff	f	Other	
		General	Specia	al		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE	E SOUGHT (if known)	
	Railroad Commissioner			L 3000111 (ii kilowily	
	Trainibad Commissioner					
	<u> </u>					
		GO TO PA	AGE 2			
1						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Wright, James D. (Th	e Honorable)	14 Filer ID (I 00084408	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
Additional Pages	COMMITTEE TYPE	TYPE COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 37,400.66				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 64,991.53				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 323,641.32				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		The Hono	rable James D. Wrigh	ht				
			Candidate or Officehold					
AFFIX NO	TARY STAMP / SEAL ABO	•						
Sworn to and subs	cribed before me. by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.	,					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			O V EI (OI IEE	3 of 26
18 FILER NA Wright, J	(Ethics Commiss	ion Filers)		
20 SCHEDU NAME OF	SUBTOTAL	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	37,400.66
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	64,991.53
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/26	
2	FILER NAME	es D. (The Honorable)			3	Filer ID (Ethics Commission 00084408	on Filers)
_					L		
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) Archer, Michelle 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00		
		Freeport, TX 77541					
8	Principal occu Sales	pation / Job title (See Instructions)	9	Employer (See Instructions BearCom	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Ballantyne, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Grand Junction, CO 81505					
		pation / Job title (See Instructions))	Employer (See Instructions			
	Engineer Wa	astewater, Produced water		RWI Enhanced Evapora	tio	n 	
Date Full name of contributor out-of-state PAC (ID#: 06/30/2025 Cooper, Chris Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00		
		Dallas, TX 75219					
		pation / Job title (See Instructions))	Employer (See Instructions Owl Investments	5)		
	Investments			Owi investments	_		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00		
				Employer (See Instructions Latigo Petroleum	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Gamble, Phil Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/26	
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commission 00084408	on Filers)
4	Date 06/26/2025	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$5,000.00	
8	Principal occu	Jersey Village, TX 77040 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	CEO			Greens Blue Flame Gas			
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Hunt, Clay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Dallas, TX 75225					
	Principal occupation / Job title (See Instructions) Employer (See Instruction Atropos			Employer (See Instructions Atropos)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00		
	Deinainal assu	Wichita Falls, TX 76308		Franksian (Cas Instructions			
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Gunn Oil Company)		
	Date O6/30/2025 Full name of contributor out-of-state PAC (ID#:) Mayfield, Walter Contributor address; City; State; Zip Code Houston, TX 77257-0365			Amount of Contribution (\$)	\$1,000.00		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Goldston Oil Corporation			
Date Full name of contributor out-of-state PAC (ID#:) Mechler, Tom Contributor address; City; State; Zip Code Amarillo, TX 79118			Amount of Contribution (\$)	\$250.00			
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Manna Services)		
			'				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/26		
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commission 00084408	on Filers)	
4			7	Amount of Contribution (\$)	\$500.00			
8		Austin, TX 78735 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)			
	Vice President Date Occidental Date O6/30/2025 Full name of contributor Out-of-state PAC (ID#:) Morgan Purvis, Margaret Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Midland, TX 79710 Principal occupation / Job title (See Instructions) Oil and Gas Employer (See Instructions) Self			<u> </u> ;)				
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,000.66			
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)		Employer (See Instructions	 ;)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Pope, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
	Principal occu Manager	San Antonio, TX 78230 pation / Job title (See Instructions)		Employer (See Instructions PNP Operating	<u>l</u> 5)			
	Date Full name of contributor out-of-state PAC (ID#:) Rosengarten, Randall Contributor address; City; State; Zip Code Austin, TX 78745			Amount of Contribution (\$)	\$1,000.00			
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Rosengarten Smith & A		ociates		
			•					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/26		
2	FILER NAME Wright, Jame	es D. (The Honorable)			3	Filer ID (Ethics Commission 00084408	n Filers)	
4	Date 06/28/2025	_ `		7	Amount of Contribution (\$)	\$1,000.00		
_	Duinning Langu	Robstown, TX 78380	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Frankrija (Cookratia po	<u></u>			
8	Vp	pation / Job title (See Instructions	9	Employer (See Instructions Hands constructors	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Spalla, Taylor Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00		
	Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u>) </u>			
	Attorney Kelly Hart & Hallman				,			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00			
		Houston, TX 77002						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) Valero PAC Contributor address; City; State; Zip Code San Antonio, TX 78269			Amount of Contribution (\$) \$	\$10,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Welch, Mason Contributor address; City; State; Zip Code Kilgore, TX 75662				Amount of Contribution (\$)	\$200.00		
	Principal occu President/CE	pation / Job title (See Instructions)	Employer (See Instructions East Texas Salt Water [posal Company		

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.	above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	ission Filers)
	Sch: 1/19 Rpt: 8/26	Wright, James D. (The Honorable) 00084408	·
4	Date	5 Payee name	
	06/30/2025	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$791.10	1340 Poydras Street Suite 1770	
		New Orleans, LA 70112	
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	
		credit card processing fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	06/13/2025	Go Creative	
	Amount (\$) \$2,541.25		
	\$2,541.25		
		Ste. 103	
		Austin, TX 78731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		digital consulting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	05/14/2025	Go Creative	
	Amount (\$)	Payee address; City; State; Zip Code 5 511 Parkcrest Dr.	
	\$2,541.25		
		Ste. 103	
		Austin, TX 78731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		digital consulting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 9/26	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	04/04/2025	Go Creative
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,541.25	5511 Parkcrest Dr.
		Ste. 103
		Austin, TX 78731
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 digital consulting
		digital consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/03/2025	Go Creative
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,541.25	5511 Parkcrest Dr.
		Ste. 103
		Austin, TX 78731
	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
		digital consulting
		a.g.ta. concentarig
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/20/2025	Go Creative
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,541.25	5511 Parkcrest Dr.
		Ste. 103
		Austin, TX 78731
	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 digital consulting
		ulgital consulting
-	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

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

	Credit Card Payment		The Instruction Guide	e explains how to co	omple	ete this form.		
1	Total pages Schedule F1:	FILER NAME	Ξ			3	Filer ID	(Ethics Commission Filers)
	Sch: 3/19 Rpt: 10/26	Wright, Jam	nes D. (The Honora	able)			00084408	
4	Date	Payee name						
	02/03/2025	Google						
6	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode			
	\$23.03	1600 Amph	itheatre Pkwy					
		Mountain V	iew, CA 94043					
8	PURPOSE	a) Category (Se	ee Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	emails					side of Texas. Com	
						Check if Austin, Ti	X, officeholder living	g expense
						Citians		
9	Complete ONLY if direct	Candidate/Offi	iceholder name	Office sou	ıaht		Office he	əlq
ľ	expenditure to benefit C/O	Carraractor Cin	consider name	011100 000	agiit		Omoo ne	Sid
_	Date	Payee name			—			
	06/02/2025	Google						
_	Amount (\$)	Payee addres	ss; City;	State; Zip Co	odo			
	\$23.03		itheatre Pkwy	State, Zip Ct	Jue			
	ΨΔ3.03	1000 Διπριτ	Illiealie Frivy					
		Mountain V	" CA 04042					
		•	iew, CA 94043		τ.,			
	PURPOSE OF	,	ee Categories listed at the to	op of this schedule)	(b)	Description Check if travel out	side of Texas. Com	inloto Schadula T
	EXPENDITURE	emails				ш	X, officeholder living	
						emails		
	Complete ONLY if direct	Candidate/Offi	iceholder name	Office sou	ught		Office he	eld
	expenditure to benefit C/O							
	Date	Payee name						
	05/02/2025	Google						
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode			
	\$23.03	1600 Amph	itheatre Pkwy					
		Mountain V	iew, CA 94043					
	PURPOSE	a) Category (Se	ee Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	emails	-				side of Texas. Com	
	E/A EASTICLE					Check if Austin, Ti	X, officeholder living	g expense
						emans		
_	Complete ONLY if direct	Candidate/Offi	iceholder name	Office sou	ight		Office he	
	expenditure to benefit C/O	Carididate/Offi	centitie name	Office 300	agrit		Office fie	aiu .

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/19 Rpt: 11/26	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	04/01/2025	Google
6	Amount (\$) \$23.03	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) emails (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense emails
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	emails Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		emails
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.38	701 S Capital of Texas Hwy
		West Lake Hills, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	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 complete this form.
1		2 FILER NAME Wright, James D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084408
_	Sch: 5/19 Rpt: 12/26	, ,
4	Date 04/02/2025	5 Payee name HEB
6	Amount (\$) \$118.67	7 Payee address; City; State; Zip Code 701 S Capital of Texas Hwy
8	PURPOSE OF EXPENDITURE	West Lake Hills, TX 78746 (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 breakfast meeting supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/02/2025	Payee name Holland Taucher Consulting Group
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 684281
		Austin, TX 78768
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/06/2025	Payee name Holland Taucher Consulting Group
	Amount (\$) \$3,357.76	Payee address; City; State; Zip Code PO Box 684281
		Austin, TX 78768
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/19 Rpt: 13/26	2 FILER NAME Wright, James D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084408
4	Date 04/08/2025	5 Payee name Holland Taucher Consulting Group
6	Amount (\$) \$2,959.27	7 Payee address; City; State; Zip Code PO Box 684281
8	PURPOSE OF EXPENDITURE	Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/04/2025	Payee name Holland Taucher Consulting Group
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 684281
		Austin, TX 78768
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/07/2025	Payee name Holland Taucher Consulting Group
	Amount (\$) \$3,041.00	Payee address; City; State; Zip Code PO Box 684281
		Austin, TX 78768
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraising
	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/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: 7/19 Rpt: 14/26	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	04/30/2025	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$196.03	1000 E 41st St
		Austin, TX 78751
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office meeting lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	04/30/2025	Kome
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.10	5301 Airport Blvd.
		Austin, TX 78751
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	01/15/2025	Krejci, Aaron
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
		Unit A
		Austin, TX 78724
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 8/19 Rpt: 15/26	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	02/10/2025	Krejci, Aaron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
	!	Unit A
	!	Austin, TX 78724
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	!	Check if Austin, TX, officeholder living expense Staff
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T	Date	Payee name
	03/12/2025	Krejci, Aaron
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
	!	Unit A
	!	Austin, TX 78724
	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 staff
	!	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/11/2025	Krejci, Aaron
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5207 Purple Sage Dr
	!	Unit A
	!	Austin, TX 78724
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPLINDITORE	Check if Austin, TX, officeholder living expense
	!	staff
	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

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

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

Printing Expense Salaries/Wages/Contract Labor

	.,	The Instruction Guide explains how to	compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 9/19 Rpt: 16/26	Wright, James D. (The Honorable)		00084408
4	Date	5 Payee name		-
	05/08/2025	Krejci, Aaron		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
l	\$1,000.00	5207 Purple Sage Dr		
l		Unit A		
		Austin, TX 78724		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Staff
l				Stati
Ļ	Operation ONE V if dispose	Open district Office leading arrange		Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office s	ougni	Office held
L	<u>'</u>			
l	Date	Payee name		
	06/04/2025	Krejci, Aaron		
	Amount (\$)	Payee address; City; State; Zip	Code	
l	\$1,000.00	5207 Purple Sage Dr		
		Unit A		
		Austin, TX 78724		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE			Check if Austin, TX, officeholder living expense
				staff
L			<u> </u>	200
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office s	ougnt	Office held
┕	<u>'</u>			
l	Date	Payee name		
	06/04/2025	Look Ahead Strategies		
l	Amount (\$)	Payee address; City; State; Zip	Code	
l	\$2,500.00	1500 Wilson Blvd		
l		FI 5		
		Arlington, VA 22209		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				consulting
dash	Commission ON II V 15 allians	Condidate/Officeholder v		Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ougnt	Office held
L				

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 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 abo	ve)
				The Instruction G	uide explains h	ow to coi	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 10/19 Rpt: 17/26		Wright, Jam	es D. (The Hor	norable)					00084408		
4	Date	5	Payee name									
	04/28/2025		Look Ahead	Strategies								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$2,500.00		1500 Wilson	Blvd								
			FI 5									
			Arlington, V	v 22200								
Ļ		_										
8	PURPOSE OF	(a)		e Categories listed at	the top of this sched	dule)	(b)	Description				
	EXPENDITURE		Consulting E	Expense				브		officeholder livir	mplete Schedule T.	
								consulting	, 17,	Officeriolder livil	ig experise	
								concaming				
Ļ	Commission ONII V if direct	<u> </u>	Canadialata/Offic		04		a. la t			Office	ماط	
9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Of	ffice sou	gnt			Office h	ieia	
	· 											
	Date		Payee name									
	03/28/2025		Look Ahead	Strategies								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$287.07		1500 Wilson	Blvd								
			FI 5									
			Arlington, V	Δ 222NQ								
						1	<i>a</i> >					
	PURPOSE OF	(a)		e Categories listed at t	the top of this sched	dule)	(b)	Description	outo:	de of Toyes Co	molete Celedule T	
	EXPENDITURE		Consulting E	expense				=		officeholder livir	mplete Schedule T.	
								consulting	,,		.9	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name	Of	ffice sou	aht			Office h	neld	
	expenditure to benefit C/O		Janara ato, O me	oriolaer name	O.	1100 000	9			Omoo i	ioid	
		_										
	Date		Payee name									
	02/25/2025		Look Ahead	Strategies								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$2,500.00		1500 Wilson	Blvd								
			FI 5									
			Arlington, V	A 22209								
	PURPOSE	(a)		e Categories listed at	the ten of this cohes	dulo)	(þ)	Description				
	OF	(")	Consulting E		the top of this scriet	uule)	(~)		outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		Consuming E	гденос				Check if Austin	, TX,	officeholder livir	ng expense	
								consulting				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	neld	
	expenditure to benefit C/O					·						
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 11/19 Rpt: 18/26	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	01/15/2025	Look Ahead Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,519.00	1500 Wilson Blvd
		FI 5
		Arlington, VA 22209
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 consulting
		Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
F	Date	Payee name
	06/17/2025	Mailchimp
H	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	405 N Angier
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email service
		Cital Scivice
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	05/19/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	405 N Angier
		Atlanta, GA 30308
	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
		email service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		
ı		

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 com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 19/26	Wright, James D. (The Honorable)		00084408
4	Date	5 Payee name		
	04/17/2025	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$47.97	405 N Angier		
		Atlanta, GA 30308		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Advertising Expense	(- ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	5 1		Check if Austin, TX, officeholder living expense
				email service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	03/17/2025	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$47.97	405 N Angier		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				email service
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht.	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	•	JIIL	Office held
	Date	Payee name		
	02/17/2025	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$47.97	405 N Angier		
		Atlanta, GA 30308		
	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 email service
				oriali service
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O	•	jiil	Office field

SCHEDULE F1

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

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

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: 13/19 Rpt: 20/26	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	01/17/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	405 N Angier
		Atlanta, GA 30308
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 email service
		Cital Scivice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/07/2025	Marriott Houston
H	Amount (\$)	Payee address; City; State; Zip Code
	\$244.64	16011 Katy Fwy
		Houston, TX 77094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/06/2025	Maudie's Cafe
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$88.21	2608 W 7th St
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		staff meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 21/26	Wright, James D. (The Honorable) 00084408
4	Date	5 Payee name
	03/07/2025	Microsoft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.24	1 Microsoft Way
		Redmond, WA 98052
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		software
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
_		
	Date	Payee name
	06/04/2025	Moore, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735
	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
		staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/08/2025	Moore, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2305 Barton Creek Blvd
		Unit 45
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

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: 15/19 Rpt: 22/26	Wright, James D. (The Honorable)	00084408
4	Date	5 Payee name	
	04/02/2025	Moore, Megan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	2305 Barton Creek Blvd	
		Unit 45	
		Austin, TX 78735	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries, Wages, Corniact Easter	outside of Texas. Complete Schedule T.
		Staff	TX, officeholder living expense
		Stail	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	02/24/2025	Moore, Megan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2305 Barton Creek Blvd	
	φοσο.σσ	Unit 45	
		Austin, TX 78735	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of the contract Labor.	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/Contract Eabor	TX, officeholder living expense
		staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/27/2025	Moore, Megan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2305 Barton Creek Blvd	
		Unit 45	
		Austin, TX 78735	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	EXI ENDITORE		TX, officeholder living expense
		staff	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	-	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 16/19 Rpt: 23/26	Wright, James D. (The Honorable)		00084408
4	Date	5 Payee name		-
	01/24/2025	Pappadeaux		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$257.14	6319 N Interstate Hwy 35		
		Austin, TX 78752		
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.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				dinner meeting
_				0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	02/03/2025	Randall's		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$28.10	3300 Bee Caves Rd		
		West Lake Hills, TX 78746		
	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 breakfast for meeting
				breaklast for meeting
	Complete ONLY if direct	Candidate/Officeholder name Office soug	tht	Office held
	expenditure to benefit C/OI		jiic	Office field
	Data	D		
	Date 03/31/2025	Payee name Southwest Airlines		
	Amount (\$)	Payee address; City; State; Zip Coo	ae	
	\$304.48	2702 Love Field Drive		
		Dallas, TX 75235		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				flight
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 17/19 Rpt: 24/26	Wright, James D. (The Honorable) 00084408			
4	Date	5 Payee name			
	06/30/2025	Spectrum			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$229.31	PO Box 60074			
		City Of Industry, CA 91716			
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 internet service			
		internet service			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Dete				
	Date	Payee name			
	05/30/2025	Spectrum			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$229.31	PO Box 60074			
		City Of Industry, CA 91716			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		internet service			
		internet service			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
	Data				
	Date	Payee name			
	06/30/2025	Spectrum			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$229.31	PO Box 60074			
		City Of Industry, CA 91716			
	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			
		internet 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
Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 18/19 Rpt: 25/26	Wright, James D. (The Honorable)			00084408	
4 Date	5 Payee name		<u> </u>		
03/31/2025	Spectrum				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$229.31	PO Box 60074				
	City Of Industry, CA 91716				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	ription		
OF EXPENDITURE	Office Overhead/Rental Expense	☐ Ch	neck if travel outsi		plete Schedule T.
LAI LINDITORE		. —		officeholder living	g expense
		inter	net service		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	ald
expenditure to benefit C/O		ugni		Office fi	eiu
Date	Payee name				
01/30/2025	Spectrum				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$218.40	PO Box 60074				
	City Of Industry, CA 91716				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc			
EXPENDITURE	Office Overhead/Rental Expense			de of Texas. Com officeholder living	plete Schedule T.
		1 -	net service	omeeneder name	у охранос
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	1				
Date	Payee name				
01/27/2025	Strategic Partners				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$2,500.00					
. ,					
	Bethesda, MD 20814				
PURPOSE		(b) Door	rintion		
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Desc		de of Texas. Com	plete Schedule T.
EXPENDITURE	Consulting Expense			officeholder living	
		digita	al consulting)	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	¬				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 19/19 Rpt: 26/26	Wright, James D. (The Honorable) 00084408			
4	Date	5 Payee name			
	02/20/2025	Strategic Partners			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,500.00	7815 Woodmont Ave			
		Bethesda, MD 20814			
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 digital consulting			
		ulgital consulting			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/OH				
\vdash	Date	Payee name			
	05/29/2025	Texas Federation Of Republican Women			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10,000.00	13740 N Highway 183			
		Ste J4			
		Austin, TX 78750			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Sponsorship			
		C por isoro imp			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
_	Date	Payee name			
	04/02/2025	United Airlines			
	Amount (\$) \$265.48	Payee address; City; State; Zip Code 609 Main St			
	Φ205.46	009 Maiii St			
		Houston, TX 77002			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		flight			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				